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PSYCHOPATHOLOGY OF EVERYDAY LIFE

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In view of the great importance of the contributions of eminent specialists in psychology which have been published in THE JOURNAL OF ABNORMAL PSYCHOLOGY, and the increasing demand for the same, the publisher has been encouraged to reissue such numbers as are in print, in order that this valuable material may be more accessible to the general reader, under the title of CONTRIBUTIONS TO PSYCHOLOGY.

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THE JOURNAL OF
ABNORMAL PSYCHOLOGY

A STUDY OF THE ANAESTHESIA, CONVULSIONS, VOMITING, VISUAL CONSTRICTION, ERYTHEMA AND ITCHING OF MRS. V. G.

BY EDWARD J. KEMPF, M. D.

Clinical Psychiatrist to Saint Elizabeth's Hospital, Washington, D. C.

IN July of 1912 a slender, dark complexioned girlish looking woman of medium height, 21 years old, was admitted to a State Hospital for the insane because she could not control her "hatrish feelings" and "jerking spells." During the admission procedures she sat quietly in an inconspicuous chair. Her head was lowered so that the brim of her hat concealed most of her features and when she did look up the brim of the hat was timidly lifted just high enough to allow her eyes to peer beneath the edge. She smiled at almost every remark addressed to her. This contrasted strangely with the uncontrollable feelings of hatred that she complained of, and indicated compensatory efforts to hide these feelings. Her husband gave the usual brief account of her illness, but carefully hid his feelings of personal responsibility and any intimation of insight into her condition. However, he was very solicitous of her welfare.

Her life on the ward for the first few days was uneventful. She adjusted herself fairly well to her companions and the routine requirements and found some light work for herself to shorten the periods of idleness.

When her ear was pricked in order to take a blood specimen she submitted to the procedure without any signs of uneasiness until after the operation was practically

finished. Then suddenly she became embarrassed and seemed to be very uncomfortable but said nothing to the physician.

One morning after this incident when I made my ward rounds I found her standing before a window, very much embarrassed. Her body muscles were jerking vigorously and she explained when I approached that she hated "that man more than any one in the world." She referred to the physician that made the ear puncture, whom she had just seen pass by the building. She could not explain why she hated him. He had not hurt her and had been kind and careful she said, but nevertheless when she saw him she felt an intense hatred for him.

Within a few days after her admission the "jerking spells" or "hatrish feelings" recurred so frequently that she was seldom without them. She complained pitifully that, despite her efforts to control herself, even the slightest commands of the nurses affected her.

Such impersonal orders as the call of the patients to attend dinner caused her to feel intensely embarrassed and resistant even though, as she expressed herself, she knew better. She told me of one of her reactions when she was in the grove with her ward. "She (the nurse) called us in a very pleasant voice (to come to the ward) but it affected me so deeply that in a second my thoughts were in a whirl. I came in and went to my room and cried. All those bitter thoughts back to my childhood rushed through my mind. I could see them all like a flash pass in a string and it made me feel so bitter I cried and then went to sleep. But today I feel better."

It was observed that practically all of the muscles of her body "jerked," that is, became involved in convulsions during many of these episodes. The jerks of the recti abdominis were included in the large group of muscles which were involved, and not until later was it ascertained that this activity was conditioned by a distinct experience. With the attacks she would often beat herself and dig her nails into the palms. She was afraid that she might injure herself or someone. She did not hallucinate nor lose consciousness.

Upon examination without a perimeter it was found that her visual field for colors was markedly constricted for the right eye and practically normal for the left eye.

The patient did not react to heat, cold, touch or pain, except sometimes when it was strongly suggested that she could feel the stimulus, over the right side of the face and neck, right shoulder, arm, trunk and leg. To stimuli over the posterior surfaces below the waist she also gave practically no response. The left side varied considerably at different times but on the whole the sensations were normal over the left half of the face, shoulder and arm, except the hand and a narrow strip which ran down the left side of the body and leg to the ankle. Stimulation of the hands and feet yielded no response. She had never complained of loss of sensation, had no idea of its duration, and seemed to be surprised at the discovery.

On the extensor surfaces of each forearm, about midway between the elbow and wrist, was an irregular, blotchy, slightly raised erythematous surface. Each area was about as large as the finger surface of a woman's hand. These areas itched considerably at times and she insisted that it was a skin disease which she had had for more than a year and did not worry about, and which had nothing to do with her illness. Her subjective complaints consisted of "hatrish feelings," "jerking spells" and nausea caused by red fruits and vegetables. This nausea became so intense that she vomited when she ate red fruits or vegetables.

To sum up her symptoms she had (1) uncontrollable periods of intense hatred and jealousy for principally her husband, mother-in-law and her grandmother; (2) periods of jerking of practically all her voluntary muscles, and (3) an independent jerking of her abdominal muscles; (4) normal sensation for her left face, chest, arm, side of body and leg and back above the waist, with hypaesthesia to anaesthesia for the rest of her body; (5) an area of independent anaesthesia for the right upper face; (6) constriction of the field for color vision in the right eye, particularly red; (7) nausea and vomiting caused by red fruits and vegetables; (8) erythematous blotches on the extensor surface of each forearm and (9) periods of intense itching over these surfaces.

The patient's family history was negative. Her parents died when she was two years old. She was adopted by a neighbor woman whom she was very fond of and always regarded as her mother. This woman taught her the Catholic faith, gave her a comfortable home, and provided for the usual childhood education. She was probably an excessively petted child. She was taught by her foster mother to fear and avoid a certain "mean" old lady. Unfortunately this old lady, who was her grandmother, caught her on the street when she was about ten years old and kidnapped her, despite her cries and protests. From that day on she lived very unhappily with this grandmother. The patient always believed that the shock of the kidnapping, her great fear and her hatred of her grandmother, reënforced by the long years of unhappiness, caused her to become abnormal.

As a child of her foster mother she had been petted, spoiled and given every comfort and attention. After she was kidnapped she was always miserable, scolded, whipped, lonely and unhappy. She had to sleep alone upstairs and frequently, because of fear, she sneaked to the head of the stairs and there cried herself to sleep. She was often punished for this but the punishment did not stop the fear. *After her grandfather died her night terrors left her.*

Other than this constant exposure to the unintelligent domination by a much older, unsympathetic personality her life was uneventful until the period of her engagement and marriage.

The grandmother was an earnest Catholic, but the patient, as she said, felt very little interest in that faith. The persistent old lady had no patience for such girlish irresponsibility and planned out her course in life without considering the wishes of the young woman. She selected a young Catholic man to be her granddaughter's husband, and at what seemed to be the propitious time announced her engagement to him in the newspapers. But this selection, like most of her grandmother's ideas, was quite different from that which the young woman desired. This young man, she said, was a flirt and was known in the neighborhood as an immoral man. For some reason that she did not quite understand she liked him and often fancied herself

the object of his flirtations, but she was never able to trust him or to love him. She was in love, she thought, with a young Protestant and despite her religion and her grandmother's horror she determined to marry him. The grandmother did not know of their engagement but suspected it and determined to forestall the proposition by announcing the engagement in the papers.

The newspaper episode precipitated a crisis. The next day the patient denied the engagement in the papers. A furious debate between the two women resulted. The grandmother would not permit her fiancé to see her but kept her in the house and sent for the parish priest. The two people tried to convince the girl that she would make a mistake if she should marry the Protestant. In the afternoon the patient was locked in her bedroom by the grandmother and informed that she would be kept there until she promised to marry the Catholic. (The remaining details of the scene which developed while she was in the room were forgotten by the patient and will be described later as part of the psychoanalysis.)

Later in the afternoon the patient managed to escape from the house and stayed with her future sister-in-law. A few days later she married the Protestant.

(It may be best to note here that this sister-in-law had been subject to violent "jerking spells" since the birth of her first baby. The muscles involved were principally the abdominal, according to our patient's statement.)

She married in March at the age of 19. Soon after this her psychoneurosis became apparent and it developed rapidly. A sequence of unhappy experiences in an environment that was peculiarly suited to expose her to a series of most unpleasant conflicts, soon proved too much for the patient.

Her husband's parents lived alone on a farm which they had occupied for years. The young couple were to take complete charge of all its details and live with the old people. This proved unfortunate because the mother-in-law could not give up her dictatorship of a household that she had dominated for years. The young wife was in perpetual conflict with her. She was in reality exposed again

to her perplexing grandmother problem in the person of the mother-in-law. The long, long needed freedom from restraints and criticism was not to be her good fortune. She soon became convinced that she was not regarded with much favor by the older woman and believed that her husband favored his mother in their conflicts, which he actually did.

The psychoanalysis, that is the recall in detail of the images (memories) of the experiences that determined her pathological condition required about eight weeks of almost daily conferences averaging more than an hour to an interview. The recall was like unraveling a tangled skein of yarn. Part of the details of one experience, then another, were recalled until most of the unpleasant experiences were related. The "jerking spells" and "hatrish feelings" bothered her the most and naturally her discussion of her troubles at first centered about their description and onset. She attributed much of her trouble to the fact that several months after her marriage she was badly frightened by a report from the neighbors that an insane man was coming through the woods towards their house. The next day their barn caught on fire. Although she was menstruating she ran "about a mile" to call some neighbors and while on her way *it occurred to her that her mother-in-law might enter the barn to liberate the horses and be burned up.* She promptly ran back to the house and found that an excited crowd of neighbors had gathered and the barn was in ruins. She recalled how she cried when she saw the remains of a pet colt and also how she and her sister-in-law prepared a dinner for the neighbors, and when they entered the kitchen her "head flew back" and her "jaw set." For several weeks she seemed to be unable to recall any other details of this scene. Later when the house caught fire, and when the wheat field burned she again had unusually severe convulsions.

Details of more trivial conflicts about the conduct of the farm, etc., seemed to force themselves into the foreground and necessarily had to be readjusted to. Her jealousy of her mother-in-law became very evident, and her incapacity to meet this condition troubled her greatly, but gradually

she developed a determination to meet her family problems on another basis than that of hatred. This, of course, she was unable to really carry out, but her attitude had the effect of enabling her to study her troubles more intimately, and she no longer evaded her own responsibilities in the psychoanalysis.

Then quite unexpectedly memory details or images of a forgotten traumatic experience came to the surface and proved to contain the determining or conditioning stimuli of her very distressing gastric sensori-motor reactions to feel nauseated when red fruits or vegetables were placed on the table for the meal. When she ate the red fruits or vegetables they were quickly emitted again. The traumatic incident amounted to the following:

In June, a few months after their marriage, she found her mother-in-law on the porch before breakfast seeding cherries for canning purposes. The patient, who was trying to take charge of the household, made preparations to help seed the cherries. The mother-in-law refused her assistance. The young woman persisted, venturing the information that she was not unwell because her mother-in-law believed that when fruit was canned by a menstruating woman it would spoil. Although her menstrual period was due she did not realize until later that the cause for its seeming delay was pregnancy.

For several minutes she was unable to recall anything further. Finally she added, "Then I went in to breakfast with my husband and tried to take my anger out on him but I got no satisfaction." Here another break in the recall occurred. Then she resumed, "I ate a little breakfast and my mother-in-law brought in some cherries. I gave my husband mine with the remark that I guessed they were all right since he picked them. I left the table and vomited up the food. I did this for everything I ate after that until my baby was born. The reason I was so angry was because we had contracted to run the farm for half and I thought I should have something to say." (She discussed this scene with free expressions of anger for the mistreatment.)

(Cannon has shown that anger or fear arousing stimuli

cause a marked disturbance of the gastric sensori-motor and secretory functions, and the feelings produced by the reaction, according to James, constitute in large part the emotion. The anger and fear reactions of the stomach both seem to be unsuitable for the reception of food.) When the patient was still further aggravated by the triumphant mother-in-law (primary stimulus) offering the cherries, (conditioning stimulus) theobject of the conflict, and her husband supported his mother, the patient was left no outlet upon which to express her anger and make a comfortable readjustment. She had to control herself, that is, suppress the affect. Anger tends to remove the stimulus from the receptor and not to accept it, much less to swallow it as food. She succeeded in rejecting the cherries but the rage status of the stomach was unfit to retain the breakfast and caused feelings of nausea. The stomach emitted the food and it seems that so long as she was unable to make a normal affective adjustment to the conditioning or primary stimuli they tended to arouse reactions of hatred and aversion. When she did make a healthful adjustment to the experience the affective reënforcement of the conditioned gastric reflexes no longer existed and it seems that concomitantly the gastric reflexes were no longer conditioned to react with aversion to the particular food. (Perhaps a future insight into such functions will preclude the present tendency to discuss the conditioned reflex and its affective reënforcement as separate phenomena.)

The tendency to vomit was probably reënforced by the aversions to food which occur frequently as a psychogenetic phenomenon in pregnancy, (perhaps nourishing an unwelcome foetus) because throughout pregnancy the patient vomited nearly all the food she ate, and the sight of red fruit on the table caused vomiting, whereas after her labor the red fruits, etc., only caused nausea unless they were eaten. She became so emaciated that she was later unable to nurse her baby. The very delicate reactions of the affections to stimuli and the complicated nature of their conditioning deserves the exhaustive study of psychology.

The tendency to react with aversion to all *red* fruits and vegetables, besides cherries was probably reënforced by a traumatic experience of several months previous, because when she had made an emotional adjustment to the cherry incident and expressed her hatred for the husband and mother-in-law she, much to my surprise, included the pathologist. She could not explain why she included him until it occurred to her that she felt her first hatred for him when he removed the blood (red) stained cloth from her ear after making a puncture to take a blood specimen. Then she added "I thought he did just as he pleased."

Her agitation and hatred continued for the next twenty-four hours and was later in the day accompanied by convulsive jerkings of her muscles which continued throughout the night.

The episode of the cherries occurred after the barn fire and the vividness of its affective impressions had probably covered up the details of the more important barn fire episode. Now the fire episode bothered her again and she made considerable progress in the recall of its details but could not quite get all of it—the most pertinent fact in the scene.

She visualized the fire scene in greater detail. She visualized how the excited crowd and the women, particularly the mother-in-law,(Mrs. G.) noticed her excitement and trembling and told her to keep quiet or she would have "spells" like her sister-in-law. Here a period of amnesia occurred but she was able to work forward from the time her head "flew back" etc., when the men entered the kitchen. One of the men was Mr. H. He was president of a home insurance company that had insured this barn. Although she seemed to be unable, with persistent effort, to recall what transpired between the suggestions of Mrs. G. and the entrance of Mr. H. she was able to develop the scene from the time of his entrance until her convulsions. She could see herself trying to pour the coffee but her hands trembled so violently that her sister-in-law took the pot and "I broke down." She fell back into a chair. The men seized her arms to keep them from jerking and then her face began to jerk and her jaws set. Then her entire body became involved in a con-

vulsion from which she did not recover until the next day. She had always been apprehensive lest she should be like her sister-in-law and now she had her malady.

Her husband paid her a visit at this stage of the analysis and both were delighted with the improvement. She said her "mind felt free and open," and she now understood why she had attacks in the presence of a crowd or a fire. But it soon became evident that she was not so well as she thought. The fire scene was again studied, and she recalled more elaborately the details of the excited crowd running about with water, and that Mr. H. wanted to know who was the last person in the barn, and that the people felt sure that the son of the insane man, who had been in the woods the night before, had set fire to the barn because the children reported having seen him running away from the fire. The patient heard Mr. H. telephone to the sheriff to arrest the suspected man. This recall worried her and she expressed herself that "yesterday I felt so good and now I feel as if something wants to come out and can't." The suspected man was a brother of her girl friend.

She seemed unable to recall anything further and was very much agitated. With suggestions that she would see more details of the fire, gradually other fragments of the scene were recalled. She now saw the excited Mr. H. with two cups of water trying to throw them on the fire and when he entered the kitchen doorway she started to tease him about it, but something changed her mind. After several minutes another fragment was added. She saw her husband's brother J. walking behind Mr. H. They were having an earnest conversation and then she remembered that she was afraid J. was talking about her husband. That morning she heard J. say that he had always expected a fire because her husband would not stop carrying matches when in the barn. "Mr. H. had a mean look in his eye and I thought J. had told him about my husband. This is what changed my mind and I stopped him to see what he was going to do."

No further recall was effected although we tried hard for at least fifteen minutes. Then she had a "strange thought." "Mrs. T., an old lady, set fire to her barn when

she smoked in it and Mr. H. refused to pay her the insurance."

With this fragment it seemed obvious that the patient held a secret which Mr. H. should know and was afraid that the insurance would be lost if he knew it. I insisted that she knew something that no one else knew. But she seemed to be unable to recall anything, and was obviously feeling very uncomfortable. She seemed to be lost in study, then suddenly an expression of decided pleasure swept over her features. "I knew that my husband watered the colt after everybody left the barn that morning and I thought he might have fed it some hay and dropped some matches. This I was afraid Mr. H. would find out." She seemed to feel an immediate relief and said that a weight had passed from her.

The tendency to have "jerking spells," seemed to entirely disappear and she regarded herself as cured. Several days later, however, she complained of spinal pains and when examination was made, much to my surprise, she developed strong rhythmical jerks of the recti muscles of the abdomen which could be easily seen through her clothing. Two days later a jealous patient made offensive statements about her and her physician, and following this conflict the recti muscles resumed a rhythmical jerking which lasted about 36 hours. Several hours of interviews did not yield the slightest information relative to its complex. Her difficulties with this patient had to be dealt with before further progress was possible, and the incident emphasized the importance of keeping patients, who are to be psychoanalyzed, in a congenial environment and free from inquisitive or critical people.

The remainder of the psychoanalysis will be given as compactly as possible because of the limited space, and the traumatic experience will be related in brief instead of in the fragmentary manner of the recall. She was finally able to place the first attack of abdominal jerking as having occurred about two weeks after her marriage, and later she recalled that it was two days after her marriage instead of two weeks. The difficulty developed as follows: The night following her marriage was spent in revelry. The next night the boys

carried her husband away and the following afternoon her husband and his mother paid a visit to her grandmother, despite the patient's objections, and she refused to accompany them. This disregard for her feelings associated the grandmother and mother-in-law and husband against her. This disappointed her greatly and she was left at home in a very unhappy frame of mind. Her state of feeling was probably intense indignation and hatred for the grandmother. She said she was lonely and cried. She had no friend and no one to depend upon. She knew nothing about the sexual life of woman and was afraid of becoming pregnant without someone to take care of her. Her sister-in-law's attacks of "jerking" followed the birth of her first child, and the patient believed it was the result of poor treatment. This reënforced her fears of pregnancy. She visualized herself lying on the bed in a very morose frame of mind. She had started to menstruate that day and that night she expected to sleep with her husband. She was disgusted with her condition and felt deeply disappointed in her husband's and his mother's attitude toward her grandmother. She had expected them to take up her quarrel. She even regretted her marriage and thought that perhaps she had made a mistake. She recalled her resolution to depend upon her sister-in-law and that when she arose from the bed she felt better but her abdomen jerked. (It always seemed to me that a critical fragment was overlooked here unless the sexual transgression occurred in the afternoon and that night also). That night she said her husband "did just as he pleased" despite her unhappy mental state, indignation and resistance. The recall of this imposition seemed to complete the details of the repressed traumatic experience. Her anger at the pathologist, who "did just as he pleased" when he removed the blood stained cloth, seemed also to be explained. Later on she met the pathologist again and told me that she no longer hated him although this reaction had persisted for weeks. The final explanation which she was able to give for the abdominal jerks did not seem definitely satisfactory as a traumatic episode, although feelings of shame and hatred were freely expressed, and it must be included that because of her disappointment in her husband's

loyalty to her she was in no mood to make love to him. Whatever details were missing seemed to be unimportant because the convulsions entirely disappeared, including a tendency to squint her eyelids closely together and avoid looking at anyone frankly. Her husband had noticed this shifting glance on a previous visit and had asked her about it.

It is perhaps necessary to repeat that she recognized heat, cold, touch and pain stimuli over the left half of her face, left breast and arm, upper back and posterior arm surfaces and a narrow strip along her left side and left leg. The right side of the face and body was almost completely anaesthetic except that sometimes, upon strong reënforcing suggestions that she could feel the stimulus, she reacted. The face and breast lines of demarcation were definite but the other borders varied several inches at different times. It is rather striking that she never complained of areas of anaesthesia and maintained that she had never known of their existence until I discovered them in the routine physical examination.

The time and manner of the onset of the anaesthesia was quite a dilemma. The anaesthesia seemed to be a discovery for her and she did not have the slightest idea how it might have occurred.

In a sense the associations of thought that led up to the recall of the painful experience were influenced by me in that I insisted that through the areas of skin which she avoided the recognition of, she had met with an unpleasant experience. But the actual details of the recall I am sure were not changed by suggestions because when in our groping for the experience I told her that I believed it must have occurred as a result of her husband's impositions she maintained that she did not believe it had any relation to that experience and gave it little consideration.

After a great deal of searching I rather vigorously insisted that she would recall some things that would lead us back to the time of the experience. After considerable wandering of the visual images she recalled the scene of the engagement conflict with the grandmother came to the foreground. She exhausted the details of the unpleasant an-

nouncement of her engagement and the scene shifted to her imprisonment in her bedroom. Here a gap in her ability to remember occurred and she was not able to recall for some time the slightest detail of herself in the room. Then she added the fragment that she dressed preparatory to elope from the house, and after some time she recalled that she changed from winter to spring underwear. Here the resistance became so strong that she was unable to make further progress.

I had devoted so much time to the analysis of the anaesthesia complex that I again felt constrained to make a suggestion in order to hasten the recall of the details of the experience. Obviously the traumatic experience occurred when she was nude and since the door was locked and she was alone in the room and the odd distribution of the anaesthesia roughly included about all of that surface of the body which one would see while standing in a three-quarters pose before a mirror I suggested that something happened while she was posing before the mirror. Had this anaesthesia been merely a wish fulfillment of the malingering type to gain an object, as is still ordinarily believed to be the case in hysteria by the average general practitioner, this patient could have escaped the responsibility by simply accepting my suggestion. But it was not correct and it was not in her power to change her functions by merely wishing. She simply replied that although she did not know what the true explanation of her lost sensation was, the suggestion I made did not feel right.

The psychoanalysis had to be postponed for a week. When she entered the room to resume the analysis she announced rather triumphantly that her sensation had returned without the analysis. Much surprised I asked why she thought this. She said she could no longer wash the dishes. Because she had been able to endure hotter water than the other patients she had been delegated to wash the dishes, but now the water burned her hands. I tested her with a pin and found her to be very sensitive where previously she had been anaesthetic. The hypersensitiveness was pathological as the anaesthesia had been, and it soon oved that she had recalled most of the traumatic experi- ıce of whi' ' "as ashamed but had not adjusted to it.

In brief, while locked in the bedroom she had had a good cry and time to think things over. She must either marry the grandmother's choice (Mr. A.) or escape. She was facing the crisis of her life under most confusing circumstances. She was not absolutely sure she loved the Protestant (Mr. G.) but she had more confidence in him than in Mr. A. She was inclined to elope and marry G. and while in this vacillating frame of mind she changed clothing. She recalled that while she was undressed the postman whistled his announcement of having mail for the house. She was expecting a letter from A. in which he would declare his feelings about the marriage. She liked him because he was bold with women and knew more about the world than G., who was quiet and more retiring. Then she recalled parting the curtains slightly and looking out of the window to see whether or not the postman was coming into their yard and watching him go around the house. She remained there for some time lost in sexual fancies about A., and whether or not to elope with G., and did not hear her grandmother come upstairs. Suddenly she was aroused from her sensuous day dream by the grandmother pushing a letter under the door. She was startled and deeply embarrassed because of her sense of guilt, her nakedness and telltale sensuous fancies and secret planning to elope. She thought her grandmother was opening the door but the old woman went away without doing so or saying anything. (The recall of the surprise came only after great resistance and mortification.)

The patient explained that she was nude when she was surprised except for the curtain that she was peeping through. It covered one side of her face, shoulder, breast and arm and a strip along the side of her body to the ankles. Anaesthesia for the rest of the body resulted from a pathological effort not to recognize the nudeness. When I asked why her back was not affected she replied that perhaps it was because she was not ashamed of her back. (Naked backs are permitted on the stage.)

Her reactions to heat, cold, touch and pain stimuli now became normal, except for a small area of anaesthesia involving the upper right face about the eye, cheek and upper

lip. As an explanation for this she comparatively easily recalled a scene in which A. caught and kissed her despite her resistance. The anaesthetic area was where he kissed her. The repressed affect was shame and indignation.

Up to this time the patient consistently maintained that the two similar blotches of erythema on the extensor surfaces of each forearm resulted from an incurable skin disease that she had had for a year or more. Although she had excellent insight into her psychoneurosis she would not consider the blotches on her arms as anything but a skin disease. She had gained in weight and was now in excellent physical condition. Hours of exposure to the sun in the park had tanned her forearms a very noticeable brown but the areas of capillary dilatation did not tan and remained decidedly paler.

She was now much more inclined to scratch her forearms, at times she almost scarified her skin. The itching now occupied most of her attention and she complained that she could not go into the park because the grass caused her arms to itch, and this feature influenced her to study the difficulty. I thought the itching and capillary dilatation was determined by one experience since it seemed part of the same skin area although she scratched more of the arm than the surface of the blotches.

Her associations of thought suggested by the symptoms brought up a visual picture of herself working in the garden with her mother-in-law. It was very hot and because of her poorly nourished condition and pregnancy the mother-in-law told her to go into the house. They had been pulling a weed that had caused her skin to itch. She felt that the mother-in-law was trying to command her, and she refused but retired to the shade of an apple tree. She visualized herself standing there, rubbing her itching arms and feeling very angry. The mother-in-law persisted and she finally submitted and retired to the house. She hated the mother-in-law for bossing her but repressed her feelings. She made a comfortable, affective readjustment to this experience by a discussion of her mother-in-law and the itching disappeared, but the blotches of skin did not tan.

The queer distributions of the blotches of erythema suggested the grip of someone's hands to me, which I discussed when I showed them to another physician and the patient probably remembered this, although at the time she did not agree with me.

The associations of thought may possibly have been influenced by that conference but I believe it is impossible for a patient to relieve a repression symptom by telling a lie or substituting an irrelevant experience. She visualized herself in a room with her mother-in-law. She had announced that she was going to harness the horse and drive to town. The mother-in-law opposed this and a conflict resulted. The patient started to leave the house and her mother-in-law grabbed her by the forearms. The patient jerked loose and the tightly compressed fingers slipped off leaving the dilated capillary blotches where the fingers had compressed the skin. The recall of this experience was accompanied with its repressed affect of hatred and she expressed herself freely about the forgotten experience. In each of the instances of repressing her hatred she gave as the reason her utter dependence upon the mother-in-law and her fear of offending her.

Unfortunately the patient was discharged about a week later and I was unable to observe that the pale blotches tanned as much as the remainder of the arm although they were quite brown in comparison to their former condition and had practically disappeared. The erythema and itching had *completely* disappeared.

It was necessary for the patient to get some insight into her serious tendency to repress her strong affective reactions of hatred and her grave persistent feelings of inferiority. She was decidedly immature in her self-reliance. She believed her grandmother had ruined her life by the kidnapping and mistreatment, and insisted that she had never had a childhood sexual trauma. (At the time of this psychoanalysis the psychogenetic importance of the autoerotic and homosexual strivings were not realized and so were overlooked.) She recalled that she did not like a certain girl and her brother after she had grown up, although they were her playmates when they were children. She finally

associated with this dislike a scene of her childhood when an attempt was made by this boy to perform sexual intercourse with her and his sister. He was considerably older and he with his sister, who was about her age, enticed her to submit to the play. While they were in the act her foster-mother surprised them and whipped the patient. More serious than the whipping, she caused the child to feel that she had lost confidence and respect for her.

This sexual trauma cannot be considered the foundation of her psychoneurosis but it probably played a part as a determinant of her tendency to react in a repressive manner to her conflicts, and tremendously accelerated the tendency to react with shame to even trivial mistakes. The long years of domination by an unsympathetic grandmother following ten years of petting by her foster-mother, her tendency to nurse her hatred, and even enjoy it, associated with her serious ignorance of the sexual life of woman should be considered. She married to escape a domineering grandmother who never permitted her to assert herself and most unfortunately became associated with a still more domineering mother-in-law. The psychoanalysis of the case cannot be considered finished nor the patient cured of her psychopathic tendencies.

Within three years after the psychoanalysis she has written in reply to an inquiry, that none of the symptoms which were analyzed returned, but she has had at least one psychotic episode since her discharge, the details of which were not learned. She had to return to the household of her mother-in-law.

Probably this patient's unusual tendency to form one affective repression after another and in nearly every instance, that of hatred, was largely the result of her affective isolation in her grandmother's house. Her "hatrish feelings" caused her often to entertain revengeful fancies, which undoubtedly she really enjoyed and then regretted. (These fancies were her only avenue of escape from the unusually inflexible, painful environment.)

That her personality never developed beyond the autoerotic level was probably due to the consistent repressive influence of the dominating grandmother who

assiduously imposed a censorship upon most of her spontaneous girlish, social interests and forced the child with threats of punishment to suppress her emotions.

She really married to escape from her grandmother and unfortunately moved into the house of her mother-in-law. Because of her long training to repress her affections, to be economically dependent, to have a grossly apprehensive misunderstanding of the sexual life of woman, her deficiencies became the instruments that bound her to the older woman. She dared not retaliate and offend her mother-in-law for fear of being neglected in her pregnancy and labor.

Discussion.

In this case, in each instance of affective repression that left objective, functional derangements, the affect was the natural response to a definite situation, that is, a healthy response to the situation, but was repressed because of some form of fear of the consequences if she should permit her feelings free play. In each instance the initial affective reaction, whether shame or hatred, may be looked upon as a normal reflex response to certain features in a definite situation and *these features may be regarded as the primary stimulus of the affective reaction.* Associated simultaneously with the primary stimulus were stimuli that had previously been indifferent in so far as affective reactions were concerned. To illustrate this, let us take the itching or erythema symptoms.

The dominance of the mother-in-law, with her affective attitude and words, was the *primary stimulus* of the natural affective reaction of hatred in the patient. The itching of the skin from an irritating weed, which occurred at the time, or the capillary dilatation of the skin from compression and friction of the fingers, were normal reactions to stimuli which were heretofore indifferent to affective reactions of hatred. *Through the accidental association as simultaneous stimuli of these primary affective and the indifferent stimuli which were causing the most vigorous reactions of the organism at the time, the affective reactions became conditioned to react to these indifferent stimuli.* This continued so long as

the affective reactions were repressed and apparently they reenforced the normal reactions to the indifferent stimuli and made the reactions persist for undue periods of time. The memories of the experience were repressed (forgotten) and the individual reacted with hatred and itching when in the grass without knowing that it was caused by the grass. Later when she knew that the grass caused the itching it did not enable her to stop the reactions. In each instance, after the repressed affect was allowed to have its normal play and an *adequate affective readjustment* to the situation was made, the pathological influence of the indifferent stimuli and the objective symptoms disappeared.

Bechterew first pointed out, and has been supported by the studies of Watson and Lashley, that when the primary stimulus of a motor or secretion reflex is associated simultaneously for a number of times with an indifferent stimulus then the reflex will become conditioned to react to the indifferent stimulus. This seems to be the mechanism of psychoneuroses except when the affective reënforcement is vigorous enough, then one simultaneous association may be sufficient.

Bechterew further pointed out that when reflexes become thoroughly conditioned to react to certain stimuli, they, like the reaction to primary stimuli, may become the root upon which are grafted the influence of other conditioning stimuli.

In this patient the sequence of development of the symptoms suggests very strongly, since nearly all were reenforced by repressions of shame or hatred, that they were intimately associated together like grafted branches to a seriously growing biological tendency. First a petted, timid, sensitive child was surprised in sexual play and her conduct severely reprimanded as shameful. At ten she was kidnapped by an unsympathetic, domineering grandmother who tended to persistently injure the child's feelings and force her to suppress her anger. The child's fear of the grandfather at night certainly indicates the early pathological adaptations of her sexual life. The repressions of shame and the anaesthesia occurred with her engagement experiences. The first motor disturbances developed within two days after her mar-

riage reënforce by repressions of hatred and shame. A few months later upon this was engrafted or associated general motor convulsions reënforced by suggestions and repressions of shame. Within a short time she developed a pathological nausea and vomiting as the result of her repressions of anger in an experience and then repressions of hatred reënforced persistent sensations of itching and an erythema, visual constriction for the right eye particularly for red,and intense aversion for her husband, mother-in-law and grandmother. Her hatred for the pathologist, which was aroused through his work being accidentally associated by its similarity (the blood stained rag) with the conditioning stimulus of previous repressions of hatred, is an example of how peculiarly features in the hospital may become seriously involved in the patient's difficulties.

The affective reactions of hatred and its need of injuring the cause of the hatred were repressed by the fear of doing something which would be regretted. The conflicts were always intense and acute, necessitating vigorous efforts to repress from consciousness the memories that aroused the hatred or shame. *The successful repression depended upon the patient's ability to immediately coordinate all her attention upon a substitute, and this substitute was very naturally that content of consciousness which was next most vivid at the moment of the affective conflict.*

This case seems to offer an explanation of the phenomenon of visual constriction—namely, through an affective resistance the threshold of consciousness is so heightened that only the more sensitive receptors which lie approximately nearest the macula will transmit sensory reactions of sufficient intensity to produce consciousness of them. The stimuli that arise from objects in the peripheral field, the intensity of the light waves being equal, since they must play upon the less sensitive receptors, cause subliminal reactions to the affective resistance. Therefore only the colors directly before the eye are seen. Theoretically the affective resistance may become so vigorous that complete anaesthesia or blindness may result and no stimuli may be intense enough to break through the resistance.

Functional deafness, anosmia, loss of taste etc., may also be forms of anaesthesia or heightened thresholds of consciousness because of affective resistances.

In the case of Miss Lucy R., Freud says "The hysterical form of defence, for which a special adaptation is required, consists in converting the excitement into physical innervation. The gain brought about by this process is the crowding out of the unbearable presentation from the ego consciousness, which then contains instead the physical reminiscences produced by the conversion—in our case the subjective sense of smell—and suffers from the effect which is more or less distinctly adherent to these reminiscences."

It is necessary to briefly restate the manner in which Miss Lucy R. developed the persistent olfactory image of cigar smoke which annoyed her so much.

She loved her master's children and had encouraged herself to expect the love of her widowed master and was shocked when one day he unjustly threatened to discharge her if strangers were again permitted to kiss his children. A few months later when, she was coincidentally suffering from caries of the ethmoid, after a dinner an elderly guest attempted to kiss the children, the impetuous master shouted "Don't kiss the children!" she "experienced a stitch in the heart, and as the gentlemen were smoking, the odor remained in my memory."

The violent words of the master were sufficient as a primary stimulus of reactions of fear (because of the previously threatened discharge) to force a repression of her affections for the children and master since it was not possible in the situation for a governess to permit the naturally anxious expression of her endangered affections for the children—and her master. Because of her affective attachment her position had a vital value for her. She held the attachment by a slender thread in the hands of an impetuous master, who had already threatened to break it if a certain, almost unavoidable, trivial incident should occur again. In his discussion Freud does not seem to think that the fear of the discharge was justifiable for the affective repression, and that a degree of moral courage was lacking in his patient. I cannot at all agree with Freud's feelings. It

seems to me that the patient's affective attachment (maternal) to the children made her unfortunately but normally a weakling in the face of a discharge.

Now to return to the "conversion." It seems to me that this conception of conversion is not satisfactory as a conception of the biological process and the "special" defensive adaptation of "converting the excitement into physical innervation" is a biological riddle. Just how Freud understands that excitement may be converted into a physical innervation is not intelligible. Furthermore it seems to me that this conversion conception is the keystone of Freud's important but not quite satisfactory libido concept. I believe the persistent olfactory image of tobacco smoke complained of by Miss Lucy R. was an example of the repressed affective reactions becoming conditioned to react to an ordinarily indifferent stimulus (cigar smoke) and the olfactory image was made so persistent by the repressed but active affections forcing awareness.

In the instant of that conflict the affective processes of love for the children were repressed by fear and continued to remain repressed until Freud released them by analyzing away the fear. To make the repression and avoid showing the anxiety of losing the objects of her affections, the organism, as a biological unity, reflexly co-ordinated all its available forces upon the control of the final common path of expression which was the next most vivid sensory reaction at hand, namely, the cigar fumes which were coincidentally irritating the diseased nasal membranes and causing discomfort.

The reflex adapatations to the nasal irritation, because of their simultaneous activity, became associated with the normal affective reactions to the primary stimulus of anxiety, namely, the irritated, impulsive master. When Freud analyzed away the fear and permitted the affective re n-forcement of the persistent olfactory images to make an adequate readjustment to the violent stimulus and its implications ("Don't kiss the children,") then the sensory images lost their vividness and took their normal place in the sensory experiences of the personality.

Conclusions

Psychoneuroses are conditioned reflex activities and are pathological because the affections have become conditioned through experiences to react to stimuli that normally should have an indifferent influence.

The persistence of the abnormal conditioning of the reflex is due to the reenforcement by repressed affections which disappear as a reënforcement so soon as an adequate affective readjustment is made.

Fear of allowing the primary affections, whether of shame, hatred, grief or love, adequate expression tends to make a psychopath of any individual; that is to say when the affections of a personality are repressed their functions are abnormal.

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SOME ANALYSES IN THE PSYCHOPATHOLOGY OF EVERYDAY LIFE

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AS Freud has shown in his *Psychopathologie des Alltagslebens*, those small disturbances of mental functioning such as slips of speech, mistakes in writing, the occasional forgetting of familiar names, etc., are not mere chance happenings but have their definite determinants. In almost every instance it can be demonstrated by careful investigation that the disturbance was brought about by the influence of some stream of thought or group of ideas which for the time being lay outside the field of the individual's consciousness. These side streams are not very far removed from consciousness, in perhaps the majority of instances. They belong rather to the foreconscious than to the unconscious proper, and thus are usually quite accessible to conscious introspection.

The disturbances of functioning produced by these foreconscious or unconscious trends are brought about in different ways. Sometimes the malfunctioning expresses the fulfillment of a pleasure-striving; at others it represents a defense against a painful trend or idea, etc. In any case the disturbance is one which, upon analysis, may be expressed in terms of motive and, in miniature, is identical in psychological structure with those greater disturbances which we know as psychoneurotic and psychotic symptoms. The difference between the "psychopathology of everyday life" and actual psychopathology or psychic illness is, in essence, merely a quantitative one.

Perhaps the most common example of these minor disturbances is that of temporary inability to recall some perfectly familiar word or name. Lapses of memory of

this variety are usually found upon analysis to be phenomena of defense. The name or word is one which was included in or closely associated with a group of ideas painful to the conscious personality of the individual and which in consequence had been included within the protective resistances tending to oppose the entrance of these painful ideas into consciousness. The examples which follow are sufficiently understandable without further introduction.

I. A friend once asked me if I knew of a firm which could supply a certain commodity he desired, but upon replying that I did, I found myself unable to remember the name of the firm, although I did remember the location of their place of business—a large downtown office building.

A few days later, as I happened to be passing this building, I stepped in, and upon consulting the directory of its tenants found that the name I had been unable to recall was Pond. I attempted afterward to analyze my forgetting with the results that are here recorded.

My first association with the word Pond was that a certain Dr. Pond had been a pitcher on the old Baltimore baseball team. Next I thought of Indian Pond, where I used to go fishing as a small boy, and I had a memory picture of myself throwing into the water the large stone used as an anchor for the boat. Then I thought of a man named Fischer who is at present a pitcher for the New York Americans.

Continuing, I thought of Pond's Extract and of the fact that it contains witch hazel. This reminded me that I used witch hazel to rub my arm when in my school days I was pitcher on a baseball team. I also thought of a certain fat boy who was a member of the same team and recalled with amusement that in sliding to a base this boy once went head first into a mud puddle, so that as he lifted his face plastered with dirt this, combined with his marked rotundity, had given him an extremely laughable and pig-like appearance. I further recalled that at that time I knew a boy nicknamed "Piggy" and that at a later time I had been nicknamed "Pig."

At this point I was interrupted for a few moments, and when I returned to the analysis the word Pond brought the associations: Ponder—think—"sicklied o'er with the pale cast of thought"—Hamlet—the memory of my having referred to a certain village as a hamlet—the recollection that a farmer in this village once told me that a spiteful neighbor killed two pigs and threw them into his (the farmer's) well.

Then there suddenly occurred to me the following incident from my seventh year, which appears to have been the cause of my forgetting the word Pond.

At the time I refer to I had a dog to which I was greatly attached. My brother and I were playing one day on the edge of a small pond near our house, and this dog was in the water swimming. We began to throw small stones into the water in front of the dog, and as each stone struck the surface he would jump for the splash, try to bite it, and bark in joyous excitement. Finally, I was seized with the malicious desire to scare the dog and, picking up a stone weighing three or four pounds, I threw it, intending it to strike just in front of him and frighten him by its enormous splash. Unfortunately, my aim was bad. The big stone struck the dog squarely upon the nose and stunned him, so that he sank beneath the surface and was drowned.

My grief over this incident was without question the greatest that I experienced in my childhood. For days I was utterly inconsolable, and for a long time there were occasions when I would be so overcome with sorrow and remorse as to cry myself to sleep at night. I suppose, however, that my grief seemed greater than it actually was. That is to say, it was exaggerated to serve as a compensation and penance for the painful perception that a cruel impulse on my part was responsible for the dog's untimely end.

At any rate, as is plain, the memory of the incident was a very painful one, and, in consequence, I had good reason to wish to forget not only the incident itself but also any word (such as Pond) which might serve to bring it before my consciousness.

A matter that is not without interest in this analysis is the relevancy of my seemingly irrelevant associations. For instance, my first association—that of the pitcher, Dr.

Pond—contains three ideas connected with the repressed memory; viz., *Doctor* (myself), *Pond* (the place of the incident), and *pitcher* (one who throws). My second association —concerning Indian Pond and my throwing into the water the big stone used as anchor—is equally relevant. Indian Pond is in the same town as the other pond in which the dog was drowned; my memory of throwing overboard the anchor is connected with the memory of throwing into the water the other big stone which caused the dog's death, etc.

The association *pig* which came up several times in the latter part of the analysis seems at first glance to have no connection with the concealed memory. A connection does exist, however. The letters P-I-G reversed are G-I-P, which spells the name of the dog. Thus the association concerning the pig-like boy and the mud puddle—which contains the elements *P-I-G*, baseball (*i. e.*, *throwing*), and *water*—or that of the farmer and the pigs—*P-I-G*, *death*, *throwing*, and *water*—is seen to be perfectly relevant. Hamlet and the quotation from it gain a mediate relevancy through the drowning of Ophelia.

II. A friend of mine who lives in a suburb of New York once telephoned me to go to dinner and the theater with him. I met him as he suggested and during the conversation at dinner he said in commenting on an occurrence that had greatly surprised him, "I could not believe the *information* of my own senses." "No, that isn't right;" he went on, interrupting himself, "we don't speak of doubting the *information* of our senses—some other word is used. What is it? The *reality* of our senses?"

I replied that what he had meant to say was that he could not believe the *evidence* of his senses, and asked, laughing, "Why do you want to forget about evidence? You haven't committed a crime, have you?"

"No," he replied, apparently somewhat startled, "I haven't committed any crime, but I'm afraid I'm about as badly off as if I had done so. It's quite astonishing how near you came to the truth."

He then went on to explain that a woman with whom he had had business relations over quite a long period had

become incensed over some trifle and made certain unjust and untrue accusations against him, which she threatened to make public in the form of a suit. He had felt little concern over the matter until there suddenly came upon him the realization that if she did carry out her threat—a thing he felt she was quite capable of doing—his situation would be an extremely unpleasant one, for not only had he no way of positively disproving her allegations, but there were certain pieces of circumstantial evidence which she could bring forward and which, in spite of his actual innocence, would readily create against him a strong presumption of guilt. Thus the situation might well be a serious one for him. Naturally, he was greatly disturbed, and he had been worrying about evidence and proof almost to the point of distraction. At last he angrily told himself that there was nothing to be gained by worry and that the best thing would be to put the matter out of mind until the woman saw fit to make some definite move. With this end in view he jumped on a train and came to New York, hoping to find something to divert his thoughts to more pleasant themes.

His failure to remember the word *evidence* as a part of the familiar phrase he wished to use was, as may now be seen, a part of the more or less automatic defense designed to protect against reproduction in his consciousness of the disagreeable theme in which the question of evidence formed such a conspicuous part.

III. One of my patients, while discussing baseball with a friend, wished to mention a famous Chicago outfielder who has now passed into obscurity. But, though this player's name has for years been thoroughly familiar to him, he was surprised to find that at the time he was utterly unable to recall it. He could remember very clearly the man's appearance and history, and he also recalled that his name used to head the Chicago batting order, followed by that of Schulte, which he knew it resembled to the extent of beginning with an *sh* sound. His friend, who is not a close follower of the game, did not remember the player at all.

When the patient reported the occurrence to me I was able to tell him that the name in question was Sheckard. Hardly had I pronounced this name when there came unbidden to the patient's mind the word *checkered* and the phrase *a checkered career*. This phrase, which, as then appeared, had in his mind a somewhat sinister connotation, implying unsavory adventure, dissoluteness, and ultimate disaster, accurately summed up a theme which at the time was most disturbing to the patient. Not only had his past contained a considerable number of somewhat discreditable adventures, but at the time he seemed unable to resist certain temptations which bid fair to produce a repetition of the past, and also to involve him in new difficulties which might easily end in the wrecking of his future. In short, he had reason to feel that his career, instead of being one of which he could be proud, might become one of the checkered variety, according to the most sinister acceptation of the term.

Instead, however, of facing these problems and working out a solution, he had chosen to put them out of mind and, as far as possible, ignore their existence. His inability to recall the name Sheckard was a by-product of this effort. The similarity in sound between *Sheckard* and *checkered* was so close that for him to be conscious of the former might also involve his being conscious of the latter, and thus bring before his mind the phrase *a checkered career* and all that, in his life, it comprehended.

It may be added that the likelihood of this theme being brought to his mind by the conversation with his friend was particularly great, because he had recently heard that a certain great ball player had been forced to retire from the game by the effects of venereal disease. With this player he could identify himself, both because he too had once possessed considerable prominence in baseball and also because he had suffered a venereal infection, which at the time was giving him some anxiety. This player had once been a member of the Chicago team, and for that reason the mention of Sheckard might easily have served to recall him, and, by means of the existing identification, to bring into consciousness the theme of "a checkered career" and its

possible disastrous ending. On account of this there was required a defensive forgetting that under other circumstances might not have been necessary.

There follow two cases of omission in writing. The second differs from the foregoing examples in that it expresses a positive wish-fulfillment rather than a defense against something painful.

IV. A stenographer, after transcribing from his notes a long letter that had been dictated to him, discovered that he had omitted from the transcript the following sentence which was contained in his notes: "Divorce is out of the question, for the man is a Roman Catholic." There were no other omissions or mistakes.

The reason for this mistake was that the man, who was very unhappy in his married life, was secretly pondering the question of divorce, realizing at the same time that it would be by no means easy for him to secure one. His omission or forgetting of the sentence quoted is readily explained by the fact that the idea that "divorce is out of the question" was to him a painful one.

V. While serving as secretary of a certain society I found, when called upon to read the minutes of the previous meeting, that in writing them up I had entirely omitted the usual formula "The President, Dr. Blank, in the chair."

The meeting at which I discovered this mistake was the one at which officers were nominated for the ensuing year. I had privately entertained hopes that at this meeting I might be nominated for the office of president. The minutes of the previous meeting I had written up from notes just before I left the house to attend this one. My mistake was an unconscious wish-fulfillment, which deposed the occupant of the presidential chair in order that I might have his place.

The following example of a mistake in speaking is that of a disturbance produced by the unwished-for intrusion of a disagreeable theme. It does not correspond to a wish-

fulfillment but may be best classified as an example of partial failure of defense.

VI. At one time I had a female patient who possessed a very exaggerated reluctance to admitting that she was wrong in anything no matter how trivial the matter might be. If any one called her attention to a mistake, however small, she would either deny most vigorously that she had made it, or, if this was entirely out of the question, she would seek in every way to excuse herself for it.

This peculiarity of hers was a topic of conversation during one of her visits to me, and I had asked, "Have you no idea of the reason for your so great unwillingness ever to admit yourself in the wrong?"

"No, I haven't," she replied, pretending to think hard, "Is it self-ab—self-effacement?"

As is fairly evident, the word she had started to use was *self-abasement*, and this she acknowledged when I called her attention to the matter. Her substitution for it of the word *self-effacement*, one would suppose, must have been a defense of some sort; that is, the word *self-abasement* must have bordered on or been contained in some group of ideas painful to her.

This I explained to her, and she replied, "Oh, I didn't know that you expected me to tell you all about things that are past—*I stopped it two years ago.*"

Thus it is to be seen that the idea against which her substitution defended was that of "self-abuse."

And so in a way she had answered the question I asked her. Her guilt complex about masturbation was one of the causes of her reluctance to admitting that she was ever wrong. It was as if as a defense against admitting herself guilty in that regard (and in one or two other particular things) she had resolved never to admit herself wrong in *anything*, very much as, in warfare, the first line of defense is set up far in advance of the real point of objective of the attacking enemy.

Incidentally, it may be pointed out that the patient's question, "Is it self-effacement (or abasement)?"—an obviously absurd response to my question—is a good index

of her resistances. It is not difficult to see that her conscious thought was that the probable reason for her unwillingness to admit mistakes was *not* self-abasement, but, on the contrary, *pride*. But in her mood of resistance and antagonism she gave the answer that to her seemed just the opposite of the one expected.

An example of involuntary self-revelation somewhat similar to this one is that of a patient who said "sins of emission" when he had meant to say "sins of omission."

THE MENTAL IMAGERY OF STUTTERERS: AN EXAMINATION OF CERTAIN CURRENT THEORIES

BY JOHN M. FLETCHER

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SINCE the middle of the eighteenth century authorities in constantly increasing numbers have claimed that stuttering is essentially a mental abnormality. It is rather interesting to note, as one does occasionally, a belated student of this subject rising to announce that he has 'discovered' or has 'conclusively shown' what other students have 'discovered' and 'shown' many years ago. To feel that we have at least got far enough to reach an agreement as to the general character of this affliction is encouraging, for we have passed the stutterer by for centuries with a feeling of ignorant fatalism as hopeless as that which once greeted many other human ailments that now yield to treatment. But when one studies the wild guesses and hasty conclusions as to just what constitutes the essential nature of the stutterer's mental abnormality one feels like warning him against expecting an early day of deliverance.

There are at present two widely divergent theories on this point of the general character of the defect. One, adopting the Freudian hypothesis, holds that stuttering is the result of repressed emotional complexes of a sexual kind that date back to childhood. The writer is at present gathering data regarding one of the fundamental assumptions of this theory and hopes to submit conclusions at a later date. The second prominently mentioned theory, and the one which I beg to notice in the present paper, holds that stuttering is, (as one author actually asserts) or rather, is due to, an abnormality of mental imagery. The essential features of this theory were first stated, as

far as I know, by T. Hoepfner*. Two varieties of the theory have appeared in the American literature. One is the thesis of what Bluemel calls a 'monograph,' but which I only know as a chapter in a two volume book.† This thesis is, to quote, (V. I, p. 187) that, "The stammerer's difficulty is transient auditory amnesia." He says, however, that the stutterer is of a fixed imagery type, being an "audito-moteur," but in the act of attempting to speak he loses the auditory imagery, and cannot reproduce mentally the "vowel-color," but relies wholly on kinaesthetic images.

Another type of this same theory is that which has been proposed by Dr. Swift,‡ although Dr. Swift speaks of his as a "new finding." His theory is stated as follows (Ibid. p. 235.) "Psychoanalysis reveals stuttering as some vague trouble in the personality. Psychological analysis shows stuttering is (!) an absent or weak visualization at the time of speech. This new concept of stuttering as faulty visualization may be called Visual Central Asthenia. This lack or weakness in visualization accounts for all the numerous phenomena of stuttering in severe, medium, or mild cases."

The method by which Dr. Swift secured the data on which he bases his conclusions may be described as follows:

He began his preliminary tests by asking his subject to answer a question, and then to repeat a sentence after him. The question and sentence were (1) "Where do you live?" and (2) "The dog ran across the street." The subject was then requested to report "whether there was any picture in the content of consciousness and how long it lasted; and whether that was detailed, intense or weak." He summarized the results by saying that of twenty stutterers ten had no visual imagery; one imaged faintly; two visualized clearly but the "picture vanished on speaking;" seven, who had been under treatment, visualized their homes clearly. In repeating the sentence, ten had no visualization at all; one visualized faintly; "four visualized well but the picture

*Hoepfner, T.: Stottern als assoziative Aphasie. Zeits. f. Pathopsychol., I., 1912. 449-552.

†Bluemel, C. S.: Stammering and Cognate Defects of Speech, 2 vols. New York, 1913.

‡Swift, Walter B.: A Psychological Analysis of Stuttering. Jour. Abn. Psychol. X, 1915. 225-235.

vanished on speaking;" five others, of whom four had received treatment, "reported visualization."

After testing his stutterers by this method he examines normal persons in the same manner, and concludes that "almost without exception" they visualize clearly before speaking. These preliminary tests, he thinks, "warranted the tentative conclusion that stutterers have a loss or diminished power of visualization."

Thus encouraged he undertook what he calls a "further and more exhaustive investigation," by which he desired to establish certain points regarding the extent of this weakness in stutterers as compared with normal persons, and also the variations of it with the variations in the severity of stuttering. The language used in stating certain of the objects of this final series of tests is in some cases out of the ordinary, to say the least. For instance, "Is it (*i. e.* visualization) the same for past, present and future memories?", also "Is visualization equally at fault in all sensory areas of the cortex?" In attaining the objects of the tests, as thus stated, he employed eight sets of questions or sentences, each set containing three. "This long series of questions," he says, "with careful introspection tests upon the content of consciousness constituted then my main research in the field of stuttering."

On nineteen subjects some four hundred tests were made, and from over fourteen hundred answers, he has drawn in the main three conclusions, namely, (1)" When visualization is present stuttering is absent; when visualization is absent stuttering is present;" (2) that the severity of stuttering varies with the clearness of visualization, as shown in the progress of treatment; and (3) finally he says, (though who knows what he means?) that "visualization is slightly more frequent for past and future" than for present memories.

Before examining Dr. Swift's conclusions it is well to call attention to what seem to me to be very serious flaws in his method. In his preliminary tests, for example, after submitting the question and the sentence to the subject he asks him to state "whether there was any picture in the content of consciousness," etc. Now, every teacher of

psychology knows that it is often difficult to disabuse the minds of students of the impression that image always means visual image. Now, if in questioning his patients, who, I assume, had no psychological training, he used the term 'picture,' as he reports, one may be reasonably sure that the subjects understood him to mean visual images only and answered him accordingly. Untrained subjects are bad enough at best in this matter of introspection, as I know from several years of experience in studying them, but when the experimenter himself actually contributes to the confusion the situation becomes worse. That Dr. Swift has done this can, I believe, be shown in several ways. In the first place in describing his methods he seems in certain instances to use the term 'visualization' as synonymous with 'image' as ordinarily used in psychology. For instance, as already noted, in stating the objects of the final series of tests he asks "Is visualization equally at fault in all sensory areas of the cortex?" Now, as there can be no visualization in any but the visual areas of the cortex he seems to be using the term here to mean concrete imagery in general. He not only mentions that "visualization is absent in other areas as well," but he even speaks about "the holding of an emotion of pleasure or pain and of other dominating mental attitudes that are sometimes visualized." To talk about visualizing an emotion in the sense in which psychologists speak of visualizing is of course the sheerest nonsense. Only an ultra modern artist would attempt such a task. And yet, in spite of this there is good reason to conclude that, when he uses the term 'visualization,' a more restricted meaning must be given it. For example, he says (p. 234) "Our data above has shown us that the location of the trouble is visual; that is, it is situated about a centre of sensory registration that deposits data from the eye; this must naturally then be located somewhere in or near the cuneus." There can be no mistake about the meaning of this language. Hence, one is naturally inclined to ask, which one of these two very different meanings of 'visualization' did the stutterer choose when questioned by Dr. Swift?

Other faults of method equally calculated to lead to confusion could be pointed out in the lists of questions pre-

sumably intended to cover all the general classes of images. For instance, to call attention to one only, the first list he calls 'speech.' Now just what he means by 'speech' imagery over and above the motor, auditory, and visual imagery, which he includes elsewhere in his list, he does not indicate.

The amount of careful work that has been done by psychologists in the study of imagery types and of the general functions of imagery in mental processes gets not even a passing notice from Dr. Swift. One hesitates to think that an investigator would announce a "new psychological finding" in a well-known psychological journal, as he has done*, without some acquaintance with what has already been accomplished in that line. The only alternative conclusion is that he knows the work in these lines but considers that it does not merit mention much less adoption. It is only fair to psychology to say that it will insist on passing judgment on what is offered to it as a discovery. This is surely no less than the medical fraternity, of which I am sure Dr. Swift is an honored member, would insist upon, indeed, has always insisted upon, in similar cases.

Aside from the question of the technic of the study of mental imagery there is involved in Dr. Swift's conclusions much that bears upon the general question, quite old in psychology, of the relation of imagery to movement. He seems to have cut with one blow the entire knot of this problem. Indeed, he has done more. The ideo-motor actionists assumed that the image in consciousness tended to inaugurate the movement that was "similar" to it or that it represented. The well known statement of James is this:† "We may then lay it down for certain that every representation of a movement awakens in some degree the actual movement *which is its object*" (Italics mine). The imaginal representation by the stutterer of a dog running across the street obviously neither "represents" nor is in any way "similar" to the motor processes involved in uttering

*Swift, Walter B.: Some Developmental Psychology in Lower Animals and in Man and Its Contribution to Certain Theories of Adult Mental Tests. Amer. Jour. Psychol. XXVII, 1916, 71-86.

†James, William: Psychology, Vol. II, p. 526.

the sentence describing this event. Kinaesthetic images have at various times been considered to be the necessary mental antecedent of voluntary action. Such phenomena as the loss of motor control through the destruction of the sensory tracts in tabes dorsalis, as well as the findings in the studies of the acquisition of habit and voluntary control in normal subjects, have led to this conclusion. Recent investigation, however, has called in question the assumption of an inherent, necessary, and permanent connection between image and movement. Passing by the well-known attack by Thorndike* on the theory of ideo-motor actionism, we may take a more conservative statement by Pillsbury who says† "The more the antecedents of action are observed . . . . . the more evident it becomes that the directing idea may be any sort of image whatever. In many cases, the imagery is very indefinite, seems to be very largely lacking."

Now, if psychology is finding itself compelled to call in question the existence of a fixed and necessary relation between even kinaesthetic images and the movements that they represent, what is to be said of a theory which assumes the existence of such a relation between visual images of the objects thought of and the movements of the speech organs carried out in speaking, that is, in saying *anything whatsoever*, about these objects? Dr. Swift's theory must necessarily assume that there is one path by which the neural processes involved in speech normally travel, and this is via the visual centers, so that when it becomes obstructed, speech is blocked, whereas, when it is open speech is free. He does not make clear whether he considers this path to be due to heredity or to individual experience. The same thing must be said of Bluemel, for although he says‡, "The stammerer is an audito-moteur," which one would naturally understand as meaning a permanent type, in the same connection and elsewhere he declares that the stutterer's imagery disturbances are transient, *i. e.*, they become manifest only in the attempt to speak. There is undoubtedly a closer functional connection between auditory images

*Thorndike, E. L.: Ideo-Motor Action. Psychol. Rev., March 1913.
†Pillsbury, W. B.: The Essentials of Psychology, pp. 298-299.
‡Loc. cit. V. II, p. 187.

and vocal sounds than there is between visual images and vocal sounds. The congenitally deaf, for example, are liable to be dumb; the congenitally blind are not. The congenitally deaf even after being taught to speak, usually show marked peculiarities of speech. Bluemel, strange to say, does not employ this argument in this way, however, but says* that his claim that stuttering is an auditory disturbance is borne out by the fact that "stammering seems to be entirely absent among the congenitally deaf that have been taught to speak!"

If the neural speech path is the result of individual experience, if one has learned to rely upon a certain kind of imaginal cue for the inauguration of speech movements, one might conclude a priori that speech would become affected if these cues were disturbed suddenly. There are cases, however, of both gradual and sudden changes in imagery habits without any resultant disturbances of speech. Galton in his well known study of men of science says of them that "their faculty of seeing pictures (cf. Swift's terminology) . . . if ever possessed by man of highly generalized and abstract thought, is very apt to be lost." "Speech movements," says Hoepfner† "are the first to lose their concrete imaginal character and become abstract." As speech matures the mental antecedents become more and more general and vague. The attention also tends more and more to shift from the original processes of speech, including the imaginal antecedents, to the meaning of the thought to be expressed. Moreover, not even where such changes have taken place rapidly are speech disturbances found to follow. For example, Charcot speaks of a person who "possessed at one time a great faculty of picturing" to himself the persons and things about which he was thinking. But, as he relates, "all of a sudden this internal vision absolutely disappeared," so that he could no longer image the faces even of his wife and children. I do not know of any evidence that this person became a stutterer, which, if Dr. Swift's theory be correct, should have been the result.

Reverting to Dr. Swift's main thesis, we note that it is

*Ibid. p. 234.

†Loc. cit. o. 268.

stated in the following terms: "When visualization is present stuttering is absent; when visualization is absent stuttering is present." Thus stated there is not only a seeming conformity to Mill's logical canon of Agreement and Difference, but, by asserting further that stuttering varies pari passu with visualization, he adds a conformity to the canon of Concomitant Variation as a sort of logical lagniappe. But a cardinal principle in the use of these canons is to make sure that we have taken account of all the variant factors involved. This I think it is quite certain Dr. Swift has failed to do. Chief among the variant factors which he has ignored may be mentioned the shift of attention with the resultant changes in attitude and the consequent release of inhibitions. It has long been observed that attention plays an important part in stuttering. The ordinary convulsive tic, for example, may be controlled when attention is voluntarily concentrated upon it, whereas the convulsive movements of stuttering are relieved rather when the attention is distracted*. The writer has attempted to state this as follows:† "Placing corks or wedges between the teeth, shrugging the shoulders, tapping with the feet, pinching with the fingers, whistling or counting before speaking, and numerous similar therapeutic expedients, all of which have been known to be effective in certain cases, seem to owe their efficacy to the fact that they distract the attention of the stutterer from his difficulty, and that, in consequence, they afford him a relief from the morbid inhibitions by which his speech is hindered. Stuttering has been frequently alleviated by the act of writing during speech. Many stutterers can speak perfectly while sewing, embroidering, or playing a piano. Others resort to blowing the nose, to scratching the head or to stroking the mustache before attempting to speak."

For the stutterer to visualize the objects he is talking about will afford the same kind of distraction from his habitual states of mind in speech as do the expedients just

*Bonnet, Louis A. L.: Etude critique sur la parente morbide du begaiement avec les tics et les crampes fonctionelles. Bordeaux 1906. 168 pp.

†Fletcher, John Madison: An Experimental Study of Stuttering. Amer. Jour. Psychol. XXV, 1914, p. 239.

mentioned, and for this reason alone it may be expected to have the same effects on his speech. When a stutterer hears a sentence which he has been asked to repeat, the thing naturally uppermost in his mind is not the meaning of it or the visual qualities of the objects described in it, but his own chances of uttering it without stuttering. He is as capable as others of appreciating meaning, and, as I have repeatedly found by experiment, of visualizing, but the pressing and painful need of the moment is to avoid stuttering if possible. Many people, I fear, fail to realize that stuttering is to the stutterer a very unpleasant experience. The anticipation of painful or unpleasant experiences is the natural source of dread and fear. That the stutterer is in a state of dread or fear while anticipating the necessity of speaking, I have demonstrated, at least to my own satisfaction, both by introspective and objective evidence. As a sample of the latter kind of evidence I have found* in a certain group of stutterers that the average pulse-rate after being told that they would be asked to speak, but before speaking, was 90.2 with a maximum of 120. To ignore this dread or fear, which is absent in the normal speaker and always present in the stutterer, and to attempt an explanation solely on the basis of the imaginal or ideational processes involved in speech is, to my mind, the fatal error into which both Bluemel and Swift have fallen. They hold that the stutterer stutters because he loses his mental imagery, whereas in fact he loses his mental imagery because of stuttering, or the morbid mental states that have their origin in the painful experiences of stuttering. It is the study of causes not of symptoms that will open the way to progress in the study of this problem as it did in the case of the study of hysteria.

The chief purpose of this contribution is to offer criticisms against certain current theories concerning the essential pathology of stuttering. The theories criticised seem on their face to be so palpably wrong that a lengthy investigation into their merits seems unnecessary. However, by methods in common use in psychology, I have made a study, since the appearance of the theories mentioned, of three cases, and have found in them the following general conditions of imagery to exist:

*Ibid., 226.

1. There were no permanent peculiarities of imagery that would in any way distinguish them from normal persons.

2. No pure imagery type was found, each of them employed different kinds of imagery in thought processes with a possible preponderance of visualization.

3. When asked to react by speaking the stutterer has a tendency, in proportion roughly to the severity of his difficulty, to lose not only visual but all other kinds of imagery immediately before speaking. These images tend to give way, for the most part, to kinaesthetic sensations localized especially in the throat and in the organs of articulation. When asked to react by writing, detailed, and in certain instances vivid, imagery was reported.

THE STUTTERING BOY

BY KNIGHT DUNLAP

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HAVE you ever seen a stuttering girl? A girl, that is, who chronically stutters? If so, you have observed a phenomenon which is rare, although stuttering boys are common enough. However badly coordinated or hysterical may be the actions of girls and young women, the disturbances seldom take the form of the annoying repetition of the same syllable which is properly called stuttering. That other form of stammering in which there is a deadlocking of the vocal apparatus so that no sound is uttered for a painfully long period, with practically no other abnormal behavior, is also relatively infrequent in females. Stuttering, and to a less extent stammering in general, is peculiarly a masculine derangement.

It is obvious that there must be some connection between this sex-limitation of stuttering, and the cause or causes of the trouble. The source of stuttering must be sought in some peculiarity of the language function of the male which is not found in the language function of the female, and not, as is popularly supposed, in mere shock, fright or 'nervousness.' I have heard detailed stories concerning various stutterers, dating the beginnings of their speech difficulty from a severe fright in one case, from the shock of an accident in another case, from an attack of typhoid which left a weakened system in another, and soon. Even if we were not forced to discount these histories heavily, we would be obliged to conclude that they are only contributing causes; agencies which by weakening the resistance gave the real cause a chance to get in its deadly work.

The theory of stuttering which suggests itself most

readily is based on the supposition that in the animal kingdom generally, the voice of the male is more definitely a sex-function than is the voice of the female. The voice is one means of wooing; and we might expect that in the sex-excitability of the adolescent period this function, so intimately associated with the primary sex-functions, would be especially liable to derangement. This may indeed be so; although there is little evidence that in the human animal the male's voice is more sex-expressive than is the female's, or that the adolescent boy is more excitable sexually than is the girl. In any case, this theory does not explain why the speech derangement takes the general form of stammering or the specific form of stuttering, and hence the causes it proposes are at the most but contributing or predisposing influences.

The actual determining cause of stammering for a large proportion of cases is clearly indicated by the data obtainable from the cases themselves. Two facts stand out from this data: first, that the stammering dates (where the dating can be definitely made), from the time when the boy first went to school, or began first to associate with a number of other boys; and second, that in many cases (not in all), the stammerer has especial difficulty with words beginning with one of a small group of sounds—the sounds with which certain obscene words much favored by small boys also begin. Bearing these two facts in mind, it is usually possible to find that at the time when the stammering commenced to develop, the boy became familiar with a certain list of terms which he employed with satisfaction among his juvenile friends, but which it would never, never do to let his mother, father or sisters hear. These terms are usually obscene, but may be in part profane expressions, or merely words like 'damn' or 'hell.'

The boy who has a rugged constitution may keep his two linguistic personalities distinct and apparently suffer no harm. The boy who has no great scruple (or fear) about letting out his gutter-vocabulary, occasionally at least, in the hearing of his family, never, so far as my observations go, becomes a stammerer. But the boy who is 'carefully brought up,' if he is handicapped by a weak constitution, or predisposed by hereditary tendency to erratic muscular activity (such as may be expressed by continual twitches of

the face, 'nervous' movements of the hands or feet, etc.) is very apt to become a stutterer, or a stammerer of the deadlock type.

The enunciation of a word is a complicated process, requiring the cooperation of a large number of muscles in a very intricate combination; which is bound together by what we call in psychological language, *association.* Two words which begin with the same sound—as for example, *sh*eep and *sh*ingle, have the same initial group of movements associated with different succeeding movements in the two cases. Hence there is always a possibility that the initial sound which ought in a given case to be followed by the remainder of the one word, may, through the going astray of the association be followed by the remainder of the wrong word; a type of 'slip of the tongue' which occurs occasionally to every one. The boy in constant fear lest one of his obscene terms may slip out in the wrong company, and having experienced this dangerous tendency of words to go astray, soon comes to hesitate over every word which begins in the same way as do these dangerous words; and as the hesitation becomes a more and more fixed and noticeable habit, it extends to other types of words also.

This danger of a slip would not be present, of course, if the forbidden words were not associated, as wholes, with the other words in the boy's habitual forms of speech. The root of the whole trouble is that the boy has formed the habit of using these terms, not merely in discussing matters of sex (which of course he would not ordinarily discuss with his family) but also in talking of more commonplace topics.

The peculiar feature of stuttering: the repetition of the syllable many times, is a result of the usual method of checking the utterance of a word; the nervous discharge which should go to the forming of the remainder of the word must go somewhere, and the easiest disposal, in the beginning of the trouble, is to let it discharge into the same act which has already occurred, namely, the production of the initial sound of the word. In later stages of the disease, the nervous energy may be discharged to the muscles of the face in such a way as to give the tetanic contractions of the nonstuttering stammerer. Usually, however, the stuttering

rapidly becomes a permanent habit, although complicated by the other type of stammering.

Simplistic as this explanation sounds, a very large proportion of the cases of stammering are directly traceable to it. In most cases the boy's parents have not merely established conditions excellent for the habit-formation, but have more directly contributed by administering drastic punishment (such as washing out the mouth with soap), or still more deadly moral horror, when a telltale slip has occurred.

Other causes of stammering, of course, occur: but they are generically like the more frequent causes just described. The fear of giving incriminating information of some sort other than that of mere vocabulary; an undue sensitiveness or worry about certain topics not discussed in mixed company; or similar mental conflicts; are at the bottom of certain cases, which usually are not of the typical stuttering type.

The reason girls do not stutter is fairly evident. They are not subjected to the same conditions as are boys and do not develop the same fear of revealing a *tabu* vocabulary, although they may have incriminating matter to conceal, and may develop accordingly a hesitating type of stammering. Small girls undoubtedly do discuss with their schoolmates matters of which their purblind guardians presume them to be quite ignorant; but they do not embody the vulgar terms of these topics in their conversation about other matters, as boys do, and hence they have little fear of words popping out of their mouths at inauspicious times.

You have probably heard angry girls of tender age reel off strings of smutty words worthy of the best efforts of any boy; but these girls are practically always from homes in which an occasional (or frequent) outburst of such diction would have no very disastrous consequences. 'Proper' little girls do not talk that way among themselves—'proper' little boys do, and it is the 'proper' little boys who become stutterers. There are, however, some stuttering girls, and they have undoubtedly been subjected to precisely the same social conditions which produce stuttering boys.

What has been said above applies to the cases of chronic

stammering. Everyone stammers and stutters—more or less, just as everyone shows from time to time a variety of inaccuracies of movements of other types. Imitation plays a definite role in some cases. Occasionally a family is found in which nearly all the members stutter; inheriting in common a 'nervous' disposition, the form of expression it takes in one member may determine the form in the others. The imitative factor is often shown in a ludicrous way when a person who normally does not stutter is talking to a chronic stutterer. In such cases, especially when there is emotional excitement, it may be difficult for the auditor to determine which of the two is the worst stutterer.

The cure of stuttering is a difficult matter. In most cases the original cause has ceased to operate, and the stuttering has become merely a fixed and well-nigh unbreakable habit before expert assistance is sought. But the prevention, which is a more important matter, would be relatively simple, if it did not require a certain degree of intelligence on the part of the parents; a requirement which few of us parents meet in regard to our own children. The essential thing is the avoidance of the fear-stimulus. If your small boy, who probably can use some lurid language among the fellows, knows that (as one small stutterer expressed it to me), you would "have a fit" if you found him out, you are taking an unjustifiable risk, however small, of making a stutterer of him, and a great deal larger risk, of course, of making him immoral in some other way. There are far safer and more effective ways of discouraging the taste for bad language than by taking the I-would-be-shocked or the it-would-break-my-heart attitude. I would give this advice to any father; if your small boy commences to stutter, find out what obscene and otherwise objectionable terms the boy is apt to be using, and then make an opportunity to talk to him about these terms, telling him (if you can truly) that you did use these or equivalent words yourself, and have stopped it. At any rate, make it plain to him in one way or another that your attitude towards him, if he should break out with such language, would be no more contemptuous, crushing or sniffling than if he should break out with measles.

THE DEFORMING INFLUENCES OF THE HOME

BY HELEN WILLISTON BROWN, M. D.

TRADITION asserts that the home is the most valuable asset and institution of which we are possessed. It is associated in the minds of the people with morality and religion and surrounded by a halo of affection and sentiment. Any innovation in government or society is observed from the point of view of what effect it may have upon the home, and anything that would threaten its stability has been regarded as an enemy of civilization. Oratory and eloquence have been poured out upon it. Its praises have been repeated in song and story, and it is generally admitted that the bonds of parental affection are the most enduring in the world.

To many of those who have had a religious upbringing, the statement that the parents stand in the place of God himself, to the young child, is entirely familiar, and this idea has been strengthened and given weight by the similar nomenclature applied to both the male parent and the Deity, and also by the aureole of divinity that, though somewhat obscured, has lingered round the mother since matriarchal days. In the past many children have been taught to accept this point of view, and it has lent weight to the authority with which parents have been accustomed to impose their own opinions and beliefs upon their offspring.

The average child, and probably even the average adult, is accustomed to think of the home, as now constituted, as having existed in remotest antiquity. Many of us have a mental picture of the "first" home outside the garden of Eden, with Adam tilling the soil, and Eve tending little Cain and Abel, and the effect of this mental picture is not by any means entirely destroyed, as yet, by our own theoretical knowledge of evolution.

But though the idea of a home, made up of father and mother, and children to whom the father and mother have

the exclusive right of giving authoritative teaching in their early years, forms a normal part of our mental furniture, greater knowledge is tending to widen our horizons, and to raise questions as to the continuity in the past and future, of present conditions. We know now, though we may not feel it, that the Home and Family have been very variable institutions,—that instead of Adam and Eve, we have the horde, mating more or less at random. Their offspring, were children of the horde, and doubtless had the advantage of all the knowledge possessed by the horde and not merely of two individuals. Later there was group marriage and then matriarchy with the family still loosely defined. Patriarchy with polygamy succeeded, and finally, in the so-called civilized races, monogamy became the ideal form of union in which to rear children. So that it is only in comparatively recent times, that the home, as we now know it, has existed.

Perhaps it is in this country, in New England of a century ago, that the home, so constituted, was found in its most extreme type, where in a democracy, without church or state that would intervene, many parents felt themselves directly responsible to God, not only for the physical welfare of their children, but for their souls as well, and to this end, impressed their own personalities and teachings upon their offspring with vigor and conviction. Backed up by "revelation" and urged on by fears, the narrowness of such a course never seems to have occurred to them, and only in recent years have suspicions begun to arise that home ties can be too rigid, and that the child should be allowed to acquire the mental inheritance of the race, rather than that small and distorted portion of it found in two individuals.

Home ties and home teaching have been considered as the shield and buckler with which youth has been enabled to guard itself against an evil world, and the possible harmfulness of such ties and training to the child they are supposed to protect, is, as I have said, a very modern idea. I do not allude to the influences of early infancy, when to any one but a mother or a Freudian, the intelligence of the child appears negligible, but to the time when the child becomes interested in other than purely material problems, and turns

VIAGGI TINA

to its parents, with absolute confidence in their knowledge and veracity, for information concerning life. Far too few parents have the wisdom or desire to refrain from the opportunity thus presented to didactically impress their own views as ultimate reality, upon their confiding offspring; and not their views alone, but along with them, their affects, their prejudices, their fears and their egocentricities, which the child trustfully accepts and imitates. A heavy burden for the child to carry forth into a world where theoretically he should walk a free man among free men, heir to all the wisdom of the ages.

Small wonder, then, if we begin to see that many of the mental ills that afflict man, are not due, as has been commonly supposed, to lack of home training and the deteriorating influence of the world, but to too much home, to a narrow environment which has often deformed his mind at the start and given him a bias that can only be overcome through painful adjustments and bitter experience.

Freud has pointed out that there is an antagonism between individuals, between father and son, mother and daughter; and Trotter, generalizing, has shown that there is, as well, an antagonism between succeeding generations which has led to a lack of frankness between them, and has caused the older generation to pass on to the younger, in its childhood, a mass of untrustworthy tradition, which heavily encumbers the mind of the latter in its efforts to meet the actual world, and causes conflict and instability among the more sensitive members.

Trotter describes mankind as a herd, and admits the existence of herds within the herd, but he does not continue on to the final subdivision,—the individual home, which undoubtedly constitutes the herd of the young child. He points out that the influence of the herd upon its members, is overpowering, and that it can and does combat on equal terms the fundamental instincts of mankind. Thus is caused continual upheaval and discord among adolescents who find their own instincts at odds with their training. It follows that the narrower and more authoritative their training,—the less it takes into account actual existing conditions,—the more it teaches untruth,—either by implication or

direct word of mouth,—so much the worse it will be for the youthful individual when finally joining the larger herds, and acquiring broader knowledge, he finds himself confronted from within and from without by contradictions and denials of much that he has been led to consider ultimate reality. He will find his instincts of self-preservation and sex, which had been kept in abeyance as far as possible by care and repression, loom up into consciousness as tremendous problems, and he will see the herd meeting these problems in many different ways according to the subdivisions to which they belong,—according not only to their age and generation, but to the type of home training they have received. He will probably be tremendously shocked to find himself and all the world turned traitor to the traditions of his childhood. Adjust he will because adjust he must, unless he is to go down whimpering to defeat, but with what a mass of false visual images he will have to contend; at what pains he will be to wipe them out by wider thinking, only to find them peering again insistently from the darkness!

The individual with the dogmatic religious rearing probably has the most to contend with, but that is a condition happily much rarer at the present day when religious instruction to children is usually so vague as not to inspire any very vivid reaction, but there are other lines of instruction calculated to create trouble that are by no means as yet abolished. Take for example the romantic idealism taught to little girls, the tremendous endeavor to shield their lives from the knowledge of evil and suffering and the problems of sex. There was a time when some women were so shielded through life that they stood a chance of never seeing reality, but more recently women have been reared in one tradition to live in another, and we see the harmful result in many ways,—in their hysterical efforts to force the world to be what they had thought it,—in their intense horror at existing conditions, since to them the world seems fallen from some previously existing beatific state, rather than to have progressed from even cruder and crueller origins.

It is only where fact comes in conflict with previous teaching that it inspires undue horror, otherwise it is ac-

cepted reasonably enough, and it must be said to the credit of the present generation that though parents may still tend to bring up their children in unreality, yet thanks to the pressure from the world at large, they initiate them much earlier than of old into fact.

Is it not probable that the reason women of the United States have been notably over-emotional and often badly adjusted, lies in this very dissociation between their early youth and their later lives, and their bitter struggles to adjust from one to the other? It has been my observation that the women who have been early initiated into the inherent cruelties and hardships of existence are likely to be of a much more stable and stalwart stuff than their more sheltered sisters, and though they may be lacking in the provocative charm arising from ignorance and half knowledge, no one can grudge them their happy acceptance of fact.

It frequently is not so much the trials and hardships with which the individual must contend that may destroy him, as an abnormal way of regarding them, or an abnormal affect towards them, and these abnormal points of view and affects are likely to be cultivated in narrow homes. The children of the poor have a better chance to get things straight. They live in closer contact with their neighbors and can not be kept from a knowledge of fundamental things. They cannot be coddled and pampered as are children "better off" and there is therefore less danger that they will think too highly of themselves. The rich child early perceives that he is the object of intense solicitude; his pains and aches are the subject of grave inquiry; his happiness is furthered as essential to his well being, and he, reasonably enough, reaches the conclusion that he is a person of some importance who has a right to be preserved from the ills of the common herd. This attitude is proverbially knocked out of him at school and college, but I imagine it is often merely knocked under rather than out, and may, unless he has the wit to see its falseness, persist through life. Thus the home often lays a foundation of egocentricity far exceeding the amount necessary in the struggle for existence, which may make life exceedingly difficult and bitter for its possessor.

The home may be not only an excellent place for cultivating ideas of undue importance but for inculcating prejudices as well. Much of the positiveness and intolerance of the child arises directly from the training of his parents, who, eager that their children should believe what they consider desirable, often refrain from telling them that others may as ardently hold opposite opinions, or if they are forced to admit the existence of opposite opinions, authoritatively declare them to be wrong.

Concerning their affects and their fears,—parents hand them on for the most part unconsciously, but none the less with the dire force possessed by those who are supposed to be endowed with superior wisdom and intelligence.

So much for an indictment of the home as it too often is. There are many other sins of omission and commission that might be mentioned, and there is of course, the reverse side of the picture with which we are all familiar and which needs no further emphasis.

I have tried to make evident that the home represents the last and the narrowest division of the herd, and that as such it wields tremendous power over the mind of the child. It acts as the transmitter of what may be the least desirable of herd tradition and this tradition is often further distorted by the idiosyncracies of the parents, and administered ex cathedra as unquestionable truth. Thus handicapped the child goes forth to conflict with the world, where, after a period of unrest and readjustment he will, if he is fortunate, join some herd wherein his soul may find companionship.

Trotter has pointed out that there is no herd existing so enlightened as not to distort to some extent the mind of man. He feels that the human herd, as a whole, tends to repress and deform the individual, and to drive him into one of two camps which he calls the resistive and the unstable.

In the resistive class are those who are most susceptible to herd influence, who accept the teachings of the herd, harden their hearts to the sufferings of others, rationalize their actions to justify themselves, and, in their purest type would probably proclaim this to be "the best of all possible worlds." Into this class for the most part arrive those in-

dividuals who have in their youth most docilely accepted the authoritative training of narrow homes, who have refused to be too much aroused in the soul-stirring educational period of their adolescence, and whose minds as a result function most comfortably in a stable, unprogressive, and visionless medium. Thus they make up the well-known class bitterly opposing progress and reform.

The unstable, on the other hand, in Trotter's use of the term, are those who are essentially capable of vision, either as a result of wider environment or inherent capacity. They tend to question authority; they tend to feel the pressure of problems beyond their own immediate circle; they are deeply dissatisfied with existing conditions; their youth is full of conflicts and revolts; they resent traditional training and react violently against it, although unable to break away from it entirely. The world as it is now constituted, has small place for them, and as a result they are likely to end as cranks and asocial individuals, or to crowd themselves uncomfortably into niches unsuited for them, from which they constantly complain and disturb the quiet of their resistive neighbors.

Mathew Arnold gave, years ago, an admirable description of these two types in his poem entitled " A Summer Night."

"For most men in a brazen prison live,

* * * *

Dreaming of nought beyond their prison-wall.
And as, year after year,
Fresh products of their barren labour fall
From their tired hands, and rest
Never yet comes more near,

* * * *

Death in their prison reaches them,
Unfreed, having seen nothing, still unblest.

And the rest, a few,
Escape their prison and depart
On the wide ocean of life anew,
There the freed prisoner, where'er his heart
Listeth will sail;
Nor doth he know how there prevail,
Despotic on that sea,
Trade-winds which cross it from eternity.

* * * *

And then the tempest strikes him; and between
The lightning-bursts is seen
Only a driving wreck
And the pale master on his spar-strewn deck
With anguished face and flying hair
Grasping the rudder hard,
Still bent to make some port he knows not where.

* * * *

And he too disappears, and comes no more.

Is there no life, but these alone?
Madman or slave, must man be one?"

It might be claimed that since the resistive type has survived so far, it should continue to control the destinies of mankind, but here Trotter raises a warning voice and affirms that man is too smugly assured of his destiny as the ruler of the world, and he paints a black picture of the future unless revolutionary changes are made.

As to the truth of this prediction I suppose we cannot judge, but no thinking person will deny that if society as now constituted is so narrow as to have no environment or place suitable for a class of individuals who are inherently possessed of progressive qualities, then society is at fault, and should so alter itself as to be able to make use of all its valuable material. The waste, cruelty and suffering of present conditions are undeniable, and they seem to arise in

great measure from the selfishness and lack of vision of those who control. Even if Trotter's black prognostications should be over-drawn, the remedy of altruism, that he offers, is assuredly applicable to the manifest ills of the present time. In altruism, he feels, is found the hope of the future, and by its means he thinks men could so get together and take account of their assets as to utilize, instead of to destroy them. By this procedure mankind might attain to a state of excellence at present undreamed of.

If then altruism is a good and possibly an essential condition for the future of the race, I should like to emphasize a way to pursue the reforms that would lead to it, namely in education and instruction that shall take effect in the home.

I have reviewed how in early times the home had a wider significance than at present, and how the children of the past had the benefit of more general herd influence, how the home gradually narrowed down to its present limitations, wherein the young are too often subjected to narrow and selfish teaching, dealt out with authority by their parents. I make no objection to the present constitution of the home, but it would seem that if parents could be brought to consider their children as children of the world as well, and as therefore entitled to the broadest possible training and interests,—to realize themselves as merely units in the general order of things, to feel themselves bound by ties of self-interest and unselfishness to all other human beings,—much would have been done to remove the causes of conflicts which prevent the orderly development of men's minds, and to foster the cause of altruism on which man's future survival and existence may depend.

THE MEANING OF PSYCHOANALYSIS

TRIGANT BURROW, PH. D., M. D.

"Know then thyself, presume not God to scan,
The proper study of mankind is man."
ALEXANDER POPE.

IN distinct contrast to programs of psychotherapy, which lacking the basis of definite formulation, are open to different interpretations according to the personal equation of the physician, psychoanalysis rests upon a single scientific principle and hence variations of construction due to individual reaction are incompatible with the specific acceptance of its tenets.

By specific psychoanalysis I mean the psychoanalysis that is synonymous with Freud. Psuedo-psychoanalytic principles modified according to pleasure, while doing credit to the ingenuity of their inventors, have departed fundamentally from the principle of Freud.† The psychoanalysis of Freud has the distinguishing mark that it is precisely not subject to alteration according to personal delectation One may take it or leave it, but it is useless to haggle.

The psychoanalysis then that is here under discussion presents the distinctive stamp of Freud. In substance, that stamp is inscribed as follows: Psychoanalysis is a

*Read at the 7th Annual Meeting of the American Psychopathological Association at Washington, D. C., May 12, 1916.

†To speak of different "schools" of psychoanalysis in the sense of different underlying principles of psychoanalysis is to labor under a misapprehension. One might as well talk of different schools of chemistry or of bacteriology. There may of course be innumerable schools of philosophy differing from each other according to the type of compensative reaction presented in the innocuous speculations of the particular philosopher. But psychoanalysis is not a philosophy. It is a science and therefore based upon definite principles. So that schools of psychoanalysis differently located geographically must not be confused with schools based upon different scientific principles. A "School" of psychoanalysis in this sense is a logical misnomer. The utmost that might be included by way of differentiation, in the term "school," aside from the distinction of locality, could only be such divergencies of inference or extensions of principle as follow from and are fully compatible with the teachings of Freud.

method of psychotherapy based upon the principle that where there is present marked and persistent impediment in the life of the individual, whether it amounts to the blocking characteristic of nervous disorders or only to such obstruction of effectiveness as is represented in many so-called normal individuals, it is due to the existence in the psyche of unconscious, that is, repressed sexual affects, regressing toward an early, infantile mode.

This statement is apparently simple enough to be adapted to the perceptions of all, yet oddly enough by some fatal tendency of the human mind, it invariably misses the central point of this psychoanalytic principle. That point is this: that in its basic postulate of repression as the causative factor in the neuroses, we have not to do with a pathological but with a biological principle, and that therefore psychoanalysis does not incriminate the nervous invalid alone, but along with him the whole social organism. It is not alone an indictment of our patients but of ourselves. It does not contrast the normal and the neurotic personality as unrelated genera, but sees unabashed the line of unbroken gradation between these types. The essential idea then of psychoanalysis is the personal analysis. It is not the analysis of our patients, it is the analysis of ourselves. If one has lacked the opportunity or the patience, or the courage, to face the personal analysis in all its rigor, he is unacquainted with psychoanalysis. He is lacking in the essential data. He is counting without his host.

This is the rub, I know. This is the impassable barrier between the psychoanalyst and the psychopathologist of other tendencies. The difference though is irreconcilable. When this position shall be compromised psychoanalysis will have gone by the board. Yet, as essential as this position is to the right interpretation of psychoanalysis, I cannot recall it without deep misgiving, as I am not unaware to what extent psychoanalysis has been brought into disrepute by those youthful psuedo-psychoanalytic poseurs who in the insolence of their half baked opinions have seized this position as an apparent coign of vantage, from which to disguise their own triviality, and to derogate from the high

and enduring achievements of their colleagues of other schools.

And so, in reasserting the necessity of the personal experience as a prerequisite to a sympathetic understanding of psychoanalysis, I trust earnestly that this position may not seem inconsistent with a due sense of one's own limitations, nor with a relatively high appraisement of the value and significance of the work of others.

I wish, then, at the outset to avow myself in all essential respects a firm and uncompromising advocate of the Freudian psychology, and in what follows I hope to make clear the way in which I have personally come to conceive of the problem presented in psychoanalysis.*

Having expressed my complete sympathy with the conception which ascribes to neurotic disorders repression within the sexual life, it would be natural to anticipate that this discussion will be chiefly concerned with the sexual topic—with instances of sexual repression, with illustrations of its mechanisms, with a recital of its causes, and development. In this expectation, however, I shall be found disappointing. While sexual repression is undoubtedly the prerequisite cause of nervous disorders, sexual instances when they fall into the hourly routine of laboratory technique are in themselves dull, their details tedious. Except to the mind that is sexually obsessed, that is to say the average mind, such reminiscences are only entertaining as they are found to bear a constant relation to an invariable principle. It is with this principle that I am here concerned.

Let me hasten to offset at once any disposition to construe this statement as an inference of the slightest reservation in my acceptance of the sexual factor as specifically demonstrated by Freud. In delving amid the archaeological strata of unconscious fantasy, one comes too often upon unmistakable anthropological analogies to admit of any theoretical impediment. And as regards the matter of personal resistances, I believe I am quite honest in saying

*Perhaps this is a fitting occasion to express my acknowledgement of the very unusual impetus I have been given for the study and analysis of neurotic disorders. For this opportunity I am indebted to Dr. Adolf Meyer, to whom I owe this fortunate occasion, and whose helpful suggestions have been to me at all times an indispensable assistance.

that I accept without perturbation whatsoever sexual *divertissements* may be featured throughout the entire theatrical circuit of regressive autisms. So that in denying to the sexual factor *per se* the place of central interest in psychoanalysis, it is not because the sexual factor does not seem to me present and inevitable, but because it does not seem to me the point.

What then is the point of psychoanalysis? What is the invariable principle upon which psychoanalysis rests? I remember at the Fourth Psychoanalytic Congress held in Nuremberg in the year 1911, how Freud himself defined the essential meaning of psychoanalysis, and I recall too something of the surprise with which his words were received by some of us of the Zurich school, where at that time, it was not resistances, but "complexes" which occupied the foreground. "It is not," Freud said, "the discovery and counting and tabulating of complexes that is the object of psychoanalysis, but the sole object of psychoanalysis is the overcoming of a patient's resistances."

I suppose I am stupid, but it was a long time before I comprehended fully the real import of this statement. Perhaps it was its very simplicity that baffled me. Or was I viewing it at too close range to allow of the necessary accommodation of vision? At any rate, it has now become clear to me that the whole point of psychoanalysis reduces itself to a question of resistances and that the meaning of psychoanalysis becomes synonymous with the psychology of resistances. Let us then examine this conception of resistances, with a view to determining correctly its psychological relation to the problem of the neuroses.

When we consider the prohibitions with which life is hedged around from its earliest beginnings—how from their earliest years children are beset with unnecessary denials and negations,—how incessantly their little industries and investigations are checked with admonition and warning and threat, perhaps even with physical restraint and punishment, and how all these interdictions and thwartings of their natural impulses are effected through the invocation of some ominous and vaguely apprehended sense of "wrong," we begin to realize how deeply the minds of children are

imbued with ideas of an all-pervading, if indefinable premonition of evil, and we begin to sense something of the superstitious awe with which life is polluted almost at its very source.

"Don't do that," they are told, "because it is *bad*, it is *wicked.*" Frequently the prohibition is accompanied by direct, if equally indeterminate intimations of retributive pain, such as "God will punish you," or "Something dreadful will happen to you." Sometimes it is the "Evil One" himself, who, they are warned, will overtake them. And so actuated by an instinct of self-preservation, this early inculcated fear becomes the predominating motive of conduct in later life, and if we will consider it we shall see that even in adult life not only is the conduct of the masses wholly under the sway of such a fear inhibition, but that the motives of the more intelligent are by no means untainted by this secret incentive of fear.

Now, upon examination, it turns out that this fear inhibition is the active principle of the universally accepted code of behaviour commonly described as *morality*. By morality, as here defined, I mean an *emotional* evaluation of right and wrong inculcated upon a basis of apprehension—the slavish conformity, through which we seek to evade the deeper, organic morality that is one with the ultimate processes of life. For we contend that when motives of right and wrong represent reactions toward or away from a given course of action merely in virtue of a blindly accepted, that is unconscious, principle of fear, there is present an entirely fictitious, emotional morality.

Now such a morality constituting an obstacle to the normal flow of consciousness is the essential factor which confronts us in psychoanalysis and it is this factor which in its deadly affront to organic law is known to us as a *resistance.* Whether occurring in the more marked discrepancies presented in the intenser reactions of the nervous invalid, or in the commonly condoned extravagancies and vagaries symptomatic of so-called normal human society, it is this factor of resistance with its attendant conflict within the personality which psychoanalysis envisages as the sole account of neurotic manifestations.

A resistance then may be described as a blind emotional bias, whereby we are permitted to see things according to preference rather than as the facts warrant. Abrogating the course of intelligence and truth, resistances allow us to blink the facts of life and indulge in pleasanter alternatives.*

*An instance selected from my record of a case seen at the Phipps Psychiatric Dispensary of the Johns Hopkins University, illustrates how characteristically complicated a mechanism may result from this factor of resistance.

A man of thirty suffered for a period of five years from an obsessional condition which centered in the idea of serious digestional disturbance, a marked symptom of which consisted, according to the patient, of his liability to involuntary stools under the stimulus of the least excitement—a menace which obliged him to withdraw almost entirely from social contact. Such was the complaint which caused the patient to seek treatment.

Although the patient was unswerving in his insistence upon the abdominal condition, and quite typically bent all his energies toward engaging my attention exclusively upon the alleged disturbance, as far as discoverable there was no objective ground for the symptom which lead to his seclusiveness, physical examination and X-ray having failed to reveal a condition even remotely commensurate with the subjective symptoms.

It was only after many weeks of study that the real disturbance suspected as lying back of these obvious symptoms began at last to show itself in intimations of an underlying religious conflict. With the utmost reluctance and pain came the acknowledgment one day of a vow he had made himself as a youth, on the occasion of a temporary breach with his mother, that if he might be saved from damnation he would become a Roman Catholic.

Note the attempt toward the appeasement of guilt with its obvious motivation in a fear reaction. It should be mentioned that consciously the patient entertained no belief whatever in Roman Catholicism nor in the doctrine of retributive damnation. Yet here was his unalterable vow, which, despise as he would intellectually could not be got rid of. He was as incapable of fulfilling it as of dismissing it, and his mind was constantly torn between the issues involved in either alternative.

At this time it developed that there existed a distinct causal relation between the patient's mental wrangles and the digestional distubances. When the religious conflict was at its height, the digestional paroxysms rose to a corresponding intensity. At the same time there was being gradually unfolded a history of the long standing antagonism between the patient and his mother—an antagonism which showed itself in constant irritation and discord.

In the meantime, the analysis of the patient's dreams was proceeding steadily from day to day with always a deepening incrimination with respect to the sexual element. With the increasing refinement of the analysis it was shown that the patient's erogenous interest was strongly fixated in the digestional tract, and particularly in the lower bowel, and here was involved the strongly repressed mother-fixation, by reason of the intimate and apparently very exaggerated solicitude of the latter in the local hygiene of the patient during the period of his infancy.

These primary sexual affects, with their original infantile fixation, analysis showed were related with early masturbatory trends which subsequently were replaced by repression, through a fear reaction, associated with threat and punishment from the mother. Later, in response to this element of prohibition, the conflicting emotions in respect to the mother were transposed to a religious sphere, retaining the marks of their original design, not only through the evidence afforded through the dream imagery, but through their association with the concomitant digestional episodes. Determining all these vicarious phases there is the element of resistance—the dread of discovery, the repugnance to acknowledgment, the resentment and shame representing the conflict and pain incident to an underlying fear-morality.

Here in this situation of marked obsessional neurosis is presented the typical case in which resistances with all their attendant inhibitions assume the domination of the entire personality.

If this, then, is resistance,—if this is the obstacle which so crushes the spirit of the neurotic patient and causes him the pain and stagnation of interest characteristic of psychic disorders, it would appear to be the task of the psychoanalyst to liberate the minds of these patients from the incubus of their besetting morality. If fear-morality is the stumbling block to the health of the nervous patient, and if "fear-morality" is merely an altered spelling of "resistances," the truth of Freud's statement becomes clear when he says that the sole recourse of psychoanalysis is to rid these invalids of their resistances.

Of course, there immediately rises in the mind the alarming thought of the dread consequences attending a method of treatment which should seek to remove from a patient the safeguards of moral inhibition. Such a procedure seems to threaten the very foundations of society. One objects that were it not for morality, immorality would overrun the world. Such indeed is the instinctive protest upon every hand. But when we consider it, we will find, I think, that this protest is incited precisely by one's own fear-morality, that one's own reaction here is precisely that of the neurotic patient himself, when he is first brought to confront his resistances. One's immediate reaction is straightway to redouble one's efforts of self protection by clinging the more tenaciously to one's own habitual moralities. And so if one is disquieted at what seems the quite unmoral position of psychoanalysis in proposing the abrogation of resistances, investigation will reveal, I think, that the cause is equally traceable to one's own emotional morality—to this same superstitious fear-principle underlying the morality within oneself.

Here we return again to the specific import of pyschoanalysis. Once more that import returns upon ourselves. We repeat, the rationale of psychoanalysis rests upon principles which are biological and universal. We who are accounted normal are ourselves not wholly without a certain fear-morality. We too have resistances. We too are not without an underlying fear-principle. And so it would appear that life itself at its present level of integration is largely dominated by standards of conduct which are

prompted by a craven principle of fear. Consider how cunningly human nature disguises the facts of life, thinking to escape them; how conveniently it turns to self-conceited promises and illusions in order to evade the alternatives of some ineradicable truth.* And what a riotous adventure is made of this vicarious carnival of living under which men seek to masquerade the gracious art of life! Truly the spectacle of the daily reactions about us is to nothing more fitly comparable than to the legendary ostrich, beguiling itself with illusions of security by burying its head in the sand.

If, then, we ourselves have in us this element of fear-morality as a guiding compass to direct the course of our behaviour, very naturally to propose the elimination of a patient's moral resistances seems to us synonymous with abandoning him to all the hideousness of immorality. In other words, viewing the incentives of conduct from the plane of our present level of adaptation, our eyes can discern only the alternatives of morality and immorality, as though between these two issues lay our exclusive choice.

But why is this moral revulsion through motives of superstitious fear the only safeguard against wrong? Why must we frighten ourselves into the acceptance of a fair course of conduct? Why set around our lives intimidations, repressions and alarms in order to preserve our conduct against acts prejudicial to the highest interests of the individual and of society? It is by the test of questions such as these that psychoanalysis calls us to account. And with good authority. For having dared to look into the deeper actualities underlying human appearances it finds that the springs of men's motives are befouled by the presence of an insidious untruth. Burrowing beneath the surface of life it finds that the moral customs and observances of men are motivated in mere cowardice and conventionality, and it dares to assert that their morality is but their immorality thrust out of sight. Looking into the heart of men's conduct, it sees that what is called their "morality" is but a

*A not uncommon turn of the tendency to distortion is that in which a patient (needless to say not a sensitively organized type of personality) preferring to evade his own inadequacies of character lays to the door of the psychoanalyst precisely those qualities which the analysis shows to be his own.

pretense of good. It finds that rather than view the world in its truth men prefer to construct a cosmogony out of the materials of their own uncertain fashioning. They do not view the processes of life simply, calmly, unafraid. Instead, they cling to safe presuppositions, to easy solutions, to flattering assumptions. They shape things to the mould of their personal preferences, and when their gratuitous notions clash with the unalterable facts of life they only cling to their pleasant cheats and to their comfortable indulgences as children to their mother's skirts. This is the essence of fear-morality. This is the significance of resistances.

I do not believe that this is the real material of our human kind. I believe that life is wrought of a better fibre—that its motives are saner than this. As I have come to study from hour to hour those expressions of pain embodied in the neuroses, I cannot but view them, howsoever obvious may be the weaknesses and indirections that attend them, as integrative processes tending toward higher levels of adaptation, and the suffering of these patients as an earnest of this better element lying back of man's experience.*

It will be seen that this view demands a wholly altered conception of the mental pain that finds its expression in the neuroses. It will be seen that, in this interpretation, such pain is no longer to be regarded as the signal for the help that is found in a regime of coddling security, but rather indicates the need of attaining a larger, saner conception of life; that there is here not the moment for commiseration but encouragement; that in these conditions there is not necessarily an indication of weakness but rather of strength, and that with a clearer understanding of the real need of the neurotic patient, his *self-inflicted* pain may be

*In a letter written to me by a student during an interval in his analysis, there is this passage: "My unconscious is a bad chap most of the time, but no wonder! For many years I have kept him penned up and chained and imprisoned in a dark cell. He has been growing up in darkness, where he could feed on nothing but badness, where all his efforts at goodness were so turned in on himself that they rotted into badness. And he grew—on the very stuff of which he was made, he grew and thrived. He could not do otherwise. He was penned up; either sneered at or ignored and forgotten. But he grew! Denied the sunshine, he grew as death always grows—out of life—life, robbed of its expression—into an unseen monster, that slowly but eventually destroys the life that gave it birth. It is still growing—this unconscious of mine—but it is growing more and more out into the sunshine, into life—love."

transformed into healthy, constructive aims.

We should say, then, that the clinical pathology of the neuroses consists in a principle of behaviour that is based on superstition, and that its morbid anatomy is *fear;* that the exciting cause is the contagion spread by false educational methods and valuations, the basis of which is *repression:* that in virtue of this repression, the affectivity of the child which, ever urging him on to his natural quest of life, normally finds its outlet in those expressions of spontaneous interest afforded in social contacts and in creative activity, is thwarted and denied through the enforcement of an arbitrary program of anxious morality instigated by a superstitious premonition of evil. Given the above conditions the situation may in my view be summed up somewhat as follows:—The neurotic is the individual in whom the sphere of feeling and expression has not come into its own by reason of an early inhibiting fear. The unused energies however belonging to the sphere of feeling and of will, have been by no means destroyed, through curtailment and denial, but these frustrated affects are merely converted into other forms of force, for, being driven back upon themselves, we find them issuing again in regressive integrations, expressed in tendencies toward mere egoistic satisfaction and toward autoerotic trends. The result is the tendency toward the transformation of the adult libido into regressive sexual affects. But "such affects are utterly incompatible with the ideals of the contemporary social mind as presented in the sensitive neurotic patient, and his suffering and inadequacy are in my interpretation the direct expression of the unconscious conflict caused by this inherent discrepancy within his personality. Such, I believe, is the mechanism underlying the fear inhibition which is the essential factor in these disturbed psychic states."*

I have said that this fear inhibition represents a spurious morality—that such a morality is but a fraudulent substitute for the organic morality (and I mean by this the

*"Permutations Within the Sphere of Consciousness, or The Factor of Repression and its Influence upon Education." Journal Abnormal Psychology, Aug.-Sept., 1916. Vol. XI. No. 3.

unity and truth) which underlies life.* I contend that, repudiating the hobgoblin of anxious moralities, man's security and comfort lie in such a view of life and its obligations as only a steadfast, quiet, intelligent outlook can give him. To maintain such an intelligent vision of life is to set honor and truth above temporary hopes and petty apprehensions, and the more I see of the nervous patient who possesses the character and the stability to accept the daily renunciations demanded by psychoanalysis, the more it becomes clear to me that these patients are unknowingly striving with the best that is inthem toward the attainment of some such surer, saner level of adaptation.

It is to aid these invalidated men and women to escape the deadlock of their repression by helping them to overcome their resistances, and, unafraid, to place themselves at one with the healthy, forward-tending processes of life which constitutes for me the significance of the problem of the neuroses, and which represents for me the essential meaning of psychoanalysis.

*For ten years it was a puzzle to me why people with most morality—that is profession of good—were invariably people with least sense of honour. The observation clashed painfully with deeply revered prepossessions and yet it presented the fidelity of law. The disparity was unfailing. The two simply seesawed. But having examined the psychology of morality and having seen the pretense that is inseparable from a fear-motivation, the consistency of this variability presented no further problem.

REVIEWS

LIFE AND WORK OF PESTALOZZI. *By J. A. Green.* Warwick & York, Baltimore. 393 pp. Price $1.40.

This book incorporates the whole of the author's earlier Pestalozzi's Educational Ideas, but includes much new material. The treatment is divided into three sections: biographical; expository; documentary. The subject matter is well worked over, condensed and concretely presented. We know of no single volume which furnishes such a convenient and satisfactory introduction to the life and work of Pestalozzi. It is particularly useful to the student who does not have access to the German sources, because of the well selected translations in the documentary portion of the text. These translations include The Letter on the Education of Poor Country Children; The Pamphlet of 1800; The Prospectus of Münchenbuchsee; The Report to Parents; Contemporary Accounts of the Institutes at Burgdorf & Yverdun; Two Pestalozzian Lessons. The Prospectus and the Report have not until now appeared in English. Extended selections from Pestalozzi's famous diary, one of the first systematic efforts in child psychology, are included in the biographical section. A descriptive bibliography of Pestalozzi's Educational Writings is a valuable feature.

ARNOLD L. GESELL.

THE PSYCHOLOGICAL METHODS OF TESTING INTELLIGENCE. *By William Stern.* Translated from the German by Guy Montrose Whipple. Warwick & York, Inc., Baltimore. 160 pp. Price $1.75.

Professor Whipple has performed a service in the translation of this book, which is a general and critical survey of the literature of intelligence testing. The treatment while not exhaustive is thorough. The style is adapted for lay readers as well as professional psychologists. The book is especially to be recommended to those who underestimate the value of the Binet method of testing mental development, and who have no conception of the considerable amount of research which has already been expended upon this method.

Intelligence is defined as "general mental adaptability to new problems and conditions of life." Three methods of testing intelligence are distinguished: 1. The method of separate tests, which originated in Germany. 2. The system of tests with age gradations, which arose in France. 3. The correlation method, especially developed in England.

The first method is given brief treatment, on the ground that that "the single test tests on the one hand more, and on the other hand less than it really ought to test."

The bulk of the book is devoted to a critical but favorable discussion of the Binet method. Results from the use of the Binet scale by investigators in different countries are analytically compared. Stern concludes that the scale suffers from not inconsiderable errors that must be removed; but he is more impressed with the "international accordance," which demonstrates that "the tests do actually reach and discover the general developmental conditions of intelligence."

The final section of the book deals with the method of rank correlation, which Stern considers a promising method, because it "gives us a numerical device for discovering that combination of tests in which we approach most nearly to perfect compensation." He discusses his special method of "amalgamated ranks" which he believes must be worked out into a systematized plan of procedure as has already been done with the method of age levels. "Not until we combine both these ideas can we hope to master the whole field of intelligence testing. The system of levels draws the great wave-lines of mental development; the method of ranking sketches the finer ripples within each level."

Suggestions are made regarding the revision and extension of the Binet scale. Some of these are embodied in Professor L. M. Terman's more recent work on The Measurement of Intelligence, which can be profitably read in conjunction with Stern's volume.

ARNOLD L. GESELL.

THE INFLUENCE OF JOY. *By George Van Ness Dearborn, Ph. D., M. D. Instructor in Psychology and in Education, Sargent Normal School, Cambridge; Psychologist and Physiologist to The Forsyth Dental Informal for Children, Boston; etc.* Boston: Little, Brown & Company, 1916. Price $1.00 net. Pp. XVIII and 223.

This is the fourth volume of The Mind and Health Series edited by H. Addington Bruce.

The work is divided into two parts—called by the author "the power of joy" and "the necessity of joy."

Dr. Dearborn has undertaken a truly difficult task in this work, since he attempts to discuss his subject from the scientific viewpoint and in spite of this to present his subject matter in a popular fashion.

He is probably one of the most competent men in this country, if not indeed the best-fitted man amongst us, to discuss the question of the influence of joy on mind and body.

It is noteworthy that although many have written on the effect of the depressing emotions with their disintegrating effects we come upon few who write scientifically of the effects of the stimulating and synthesizing emotions of man. Dearborn has devoted much thought to this very untilled ground. He has given us an interesting and up to date exposition of a topic which he has made his own.

He has attacked his problem to a great extent from the physiological side.

Owing to the fact that this subject has been much neglected in normal and abnormal psychology, it is but to be expected that the author cannot handle it with the positiveness, clearness and directness that one can employ when dealing with the depressing emotions, such as fear. There is, as a consequence, a certain degree of vagueness and uncertainty and difficulty of expression apparent throughout the discussion. In spite of this handicap, the reader will find this work instructive, entertaining, and stimulating.

The radiologists at present find much difficulty in describing their findings because of paucity of any generally accepted terminology. I believe that Dr. Dearborn has had to contend with the same problem. Let us hope that, as the problem with which he is grappling becomes more and more clearly grasped, the ease and directness of expression will progress accordingly.

MEYER SOLOMON.

STUDIES IN ANIMAL BEHAVIOR. *By S. J. Holmes.* Richard G. Badger, 1916, Pages 266. $2.50 net.

In "Studies of Animal Behavior" Holmes has offered a number of fascinating glimpses of the science of comparative psychology. The book consists of several essays on relatively unrelated topics of behavior. All are written in the author's usual clear and interesting style. They will appeal especially to the general reader, for no attempt has been made to work out any of the suggested problems in detail or to marshal varied observational materials. The author is keen in his appreciation of fundamental problems, thoughtful concerning them, and extremely lucid in his presentation of the facts which bear upon them.

Of special interest to students of animal psychology is the introductory chapter, entitled "Animal psychology, the old and the new." This historical sketch indicates at once the author's wide reading and his keen interest in the varied aspects of the study of mind. For the first time in the history of the science, the most significant facts of its development have been brought together. The chapter is brief, in every sense readable, and may be commended to the specialist quite as highly as to his pupils or to the general reader.

In succeeding chapters, the author discusses such interesting aspects and forms of behavior as the tropisms, the behavior of cells, orientation, behavior in relation to form; and in connection with each of these topics, as indeed throughout the book, he exhibits with surprising effectiveness the significant problems which modern investigators are attempting to solve.

In another group of chapters, various aspects of the general topic "Instinct" are dealt with. Thus, chapter 2 is devoted to a brief consideration of the evolution of parental care; chapter 11, to the instinct of feigning death; chapter 12, to the recognition of sex; chapter 13, to the role of sex in the evolution of mind.

Holmes's reflections concerning the beginnings of intelligence, the relation of instinct to intelligence, and the problem of learning, are of importance. In connection with learning, he points out that the usual pleasure-pain hypothesis does not adequately account for the process of habit formation. He proposes the hypothesis that the learning process is conditioned by "congruity of reactions." Agreeableness or disagreeableness is not essential. When, for example, a chick pecks at a caterpillar, either a congruent or a conflicting response may be initiated by the gustatory stimulus. To quote from the author "When one part of the structure concerned is excited, it tends to increase the tonus of the associated parts, and thus reinforce the original response." This hypothesis is certainly worthy of careful consideration and should suggest varied lines of experimentation by means of which the process of habit formation or learning may be more completely analyzed and its essential factors revealed.

As for the beginnings of intelligence, the author suggests that they are to be found in instinctive reactions. Indeed, he says that the "adaptiveness of intelligence is based upon the adaptiveness of instinct."

In the concluding chapter of the volume, entitled "The mind of a monkey," the author has described in most interesting fashion some observations which he made on a specimen of bonnet monkey. This chapter well indicates his interest in every aspect of behavior and his ability to popularize.

Although in no sense a contribution to the systematic scientific literature of behavior, Holmes's volume is important, for few specialists in biology have such great ability to present their problems and results in interesting guise as Holmes has exhibited in this series of essays and in his earlier volume entitled "The Evolution of animal intelligence."

ROBERT M. YERKES.

BOOKS RECEIVED

The Significance of Psychoanalysis for the Mental Sciences. Rank & Sachs. Trans. by Chas. R. Payne. Ner. and Men. Dis. Mon. Series 23—Pp. V and 127. $1.50.

The Kingdom of the Mind by James Mortimer Keniston. G. P. Putnam's Sons. Pp. X and 245. $1.25 net.

The Belief in God and Immortality by Jas. H. Leuba. Sherman, French & Co., Boston. Pp. XVII and 340. $2.50 net.

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SKETCH FOR A STUDY OF NEW ENGLAND CHARACTER

BY JAMES J. PUTNAM, M. D.

DURING portions of the past few years, I have had the opportunity to investigate as freely as I wished into the life-history of a lady who came to me originally as a patient, but became, later, a friendly and eager fellow-worker. I hope, eventually, to publish at some length extracts from the rich store of material which she has written out, at my suggestion, and which possesses the kind of interest and power of conviction such as belongs peculiarly to every genuine account of individual experiences of an intimate sort.

The story as here given seems to me important, not because of dramatic features,—which, in fact, it does not possess,—but on the following accounts: (1) It illustrates conflicts which present themselves to many persons. (2) It throws light on certain undesirable effects of a strict, "old-fashioned" religious training, and on the symptomatology of the so-called "New England conscience" (which has a very morbid side). (3) Finally, what is of prime importance, it brings into strong relief certain common and typical influences which tend to prevent the relationship between children and their parents from being a source of unadulterated benefit to both, as it should be, but, on the contrary, to make it, in some respects, a source of temptations and conflicts of which the best that can be said is that they are not without their compensations.

This lady came to me for the first time about five years ago, when forty-nine years old, "not as a very sick person," —though in fact she had been a good deal of an invalid since birth,—"but in the hope of learning how to adjust herself to life." And so satisfactory has been her progress along these lines, to such a degree has she exchanged her former sense of inhibition and incompleteness for one of freedom

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and emancipation, that the spectacle of her improvement has been, for me, a source of satisfaction and encouragement.

At her first visit she said that she felt nervous, shy, apprehensive, and lacking in self-confidence, conscious of intelligence but unable to use it to good purpose. When called upon to meet people in a social way she often hesitated in her speech, and then her voice would grow harsh and loud and her hands tremulous, sometimes to a high degree. She suffered much from periodical headaches, not distinctly migrainoid in type, and, in addition, from a dull head-pressure which had grown to be habitual. I will anticipate the further history of this symptom by saying that it proved to be distinctly of neurotic origin. It seemed to her, as the analysis proceeded, that the headaches were the expression of a sort of helpless rage with reference to her troubles, and they grew less and eventually ceased as her conflicts became resolved. It might have been thought that they were due to eye-strain, from which she suffered seriously until about thirteen years of age. But in fact, the headaches did not come on until she was twenty-seven years old,—that is, long after the correction of her error of refraction had been made by glasses; nor was any further treatment of this sort operative in bringing her relief. It is also of interest that these headaches came, she said, at first at nine days' intervals, then at intervals of six, and finally of three days. I shall take advantage of some future occasion to point out that the number three and its multiples played an important part in her unconscious thoughts, as indicated by her dreams.

Her defective eyesight, if not mainly responsible for her headaches, was of much significance on other grounds. It was not the fashion in that day to spend much time in studying children's eyesight; and the fact that the duty of self-subjection and of overriding difficulty by effort loomed up as paramount in her parents' eyes, turned aside their attention—devoted though they were, after their own fashion—from the need of other sorts of treatment. Throughout her childhood, before the corrective glasses were applied, her eyesight was so poor that she often stumbled as she walked, and to read books or music, or problems on the blackboard, or to do fine housework, involved a painful

strain. This condition, combined with her deficiency in endurance, led her almost to abandon active games and to lose the training in power of adjustment that goes with them, and brought her much scolding for carelessness and stupidity,—through which a native tendency to self-disparagement became intensified.

It was the study of the direct and indirect effects of special organic weaknesses, such as eye-strain, that induced Alfred Adler of Vienna to regard these local weaknesses as the point of departure for his theory of character-formation.[1] Every organic (and so, functional) defect serves as a direct handicap, on the one hand, and leads, on the other hand, to instinctive compensatory efforts (especially on the part of the nervous system) which may induce a high degree of real compensation, and, indeed, over-compensation, or to complex reactions of substitution. Such influences were undoubtedly present in this case, not only as they relate to the defective eyesight, but also, and probably still more, with reference to ill-health from other causes. For this patient was a seven months' child, and remained for a long time poorly nourished, growing a little stronger after some years, only to fall sick again in adolescence. Furthermore (for special reasons which cannot be referred to here), her very advent was unwelcome, and both her weakness and her sex were sources of regret and mortification to her mother; and these facts increased the necessity for special compromises, adaptations, and compensations on her part, of the true nature of which she has gradually became aware.

The facts given by my patient at the first recital of he troubles might have seemed suggestive of nothing mor than one of the common forms of nervous invalidism, with its bottomless well of minor sufferings, for which the term "neurasthenia" is still, by many persons,looked upon as competent to cover, though in fact it tells nothing of the mechanisms involved. Little by little, however, more light was thrown upon the sources of her troubles.

[1]The theory of compensation here referred to has long been recognized as a very important one, and Adler's contributions to it are of real value. I do not believe, however, that it has anything like the exclusive, thorough-going significance which he attributes to it. Pain and evil are, fortunately, not our only teachers; nor is adjustment to a given universe our only goal.

Starting life as a weakly child, and with few companions outside of her own family, she became a somewhat self-centered girl, but an ardent and—as the phrase runs—an "over-conscientious" student, and showed evidence of a fine mind.

At the period of her first visit to me she was living alone, her mother having died some months before, and likewise (several years earlier), the older of her two brothers, to whom she had been passionately devoted.

Further questioning as to her symptoms showed that beneath a non-committal manner she carried a highly overwrought, emotional sensitiveness, through which her longings for recognition had become converted into pain, in which form she found a certain (poor and incomplete) gratification. As a part of this tendency she had become very unpleasantly acute to sounds and odors, and also to the slightest interruption to whatever occupation she might be engaged upon, even through calls made by good friends. In fact, social intercourse was longed for; yet so little did she understand her own needs and the means of meeting them that the most trifling demand for sacrifices in the practical interest of a wider social life aroused almost a sense of resentment in her mind. Every trivial noise, even the rustling of a newspaper, she says, would bring a frown of annoyance to her forehead. The odors which she disliked often had reference to dishes which her mother liked, and—inspired by a certain hostility to herself, as she half-fancied—insisted on having cooked.

"To-day," she writes, "I think that my objections were an infantile mode of expressing opposition to my mother. I wanted to be mistress of my own home (*i. e.*, of *a* home of my own)".

As for visitors, her double feelings made her adopt a manner toward them which said "Goodbye," in spite of the fact that she was inwardly bewailing her loneliness, longing for companionship and love, and desperate to break through the isolation in which she felt herself. She would have been ready enough, at any moment, to call herself "selfish," "morbid," "egoistic," but to do so would have been of no avail and unjust to her best self.

No person's character is wholly unified, and the character of every one may conveniently be studied under four heads, as representing four tendencies that are closely interwoven. (1) Every person is striving in some measure, even though helplessly, to express the best that is in him, and thus to fulfil his social obligations. (2) Every one is under an intense pressure to conform in thought and conduct to standards virtually set by the community. This tendency might be described as an instinctive attempt at protective coloration. (3) Every one has in him a more or less strong leaning to revert, in action, thought and feeling, to the level of standards which express that quality in him which might be described, according to circumstances, as immature, infantile, pleasure-seeking, carnal, or personal in an exclusive sense. Finally (4), inasmuch as there is no difference except in degree between the nervous invalid and the so-called normal person, it would be fair to say that every one carries symptoms which have the following two meanings: in the first place, they indicate that he is seeking to escape from the handicaps just referred to, more or less as the persons described by Dante are striving to climb up the Hill of Purgatory; in the next place they indicate also that he is still under the sway of the passionate longings which he feels to be incompatible with his best social tendency.

This patient had the desires indicated under the first of these headings, in considerable degree. But mingled with them there were strong longings of the third order,—for the sake of gratifying which she learned to use her imagination in a way that was unsatisfactory, and unproductive of permanently good results. Excitement, symbolizing her desires, came to play too large a part in her fancies and her dreams, and she learned too much to seek for gratification in the pain of her symptoms.

One tendency of this lady, which made little show as a symptom on the surface, yet which in its working out was perhaps the worst one of all, was that she seemed impelled by some cross-purpose impulse to do or say, at critical moments, the very thing that defeated her own object. This tendency is familiar enough to every one, but in her not only was it so strong that she lost some excellent chances

for remunerative and pleasant work and for forming valuable friendships, but it has a psychological interest which I will speak of later. I was reminded, in thinking on this symptom, of the inability of Sisyphus to drink of the refreshing waters that kept rising to his lips. The inhibitions of King Saul may be recalled, in further illustration.

Besides these various traits, this patient was subject to compulsions of familiar sorts, affecting both her thoughts and acts.

> "When we sign our names to letters," she writes, "that is commonly the end. But to me it was not the end. I wrote them over and over again, even when I was certain. When mailing them I would hesitate a long time, standing before the letter-box. Finally I would put them in, and immediately wish to snatch them out. Hours afterwards I would picture myself pulling them out of the box."

In a similar fashion she required repeated assurances that she had closed a bureau drawer or locked a door.

Here we see evidence enough of doubt and fear about her ability to follow a consistent aim in life, and the frantic efforts to follow at once two incompatible courses, two divergent paths, or, again, to repress and to lock her mind against instinctive longings, which, had she understood them better, she might have faced and made to jibe with reason and her best desires. Instead of this, they stood as signs of what might be called the tragedy of a baffled life, which came near to being balked and wrecked.

Discontent, and a strong tendency to brood painfully over the past, soon led, as she records, to an exhaustion and a series of petulant changes of mood virtually toward herself.

> "Other people appeared to be living happy lives . . . My present disappointment was the result of obedience to parents, faithfulness to duty, utter elimination of self. It did not pay to be so self-sacrificing. If I had my life to live over again I would be reckless

in self-gratification . . . Before I knew it I became exacting toward myself and toward every one in the house. Fear pursued me every moment of the day, fear lest I swerve from the straight path of duty."

She had been very fond of music and longed for a musical education, but this her father would not sanction and it was characteristic that she reacted in Calvinistic fashion to her disappointment and became a "wet-blanket to enjoyment."

"My Puritan training demanded quiet. The piano must not be used except for appropriate music. There must be no teas, no spreads, no afternoon callers. Except for the singing of hymns morning and night, the house had to be as quiet as the grave. Qualms of conscience accompanied the reading of the psalms."

Nevertheless,

"My heart yearned mightily for the very pleasures that I condemned."

Another set of symptoms clustered around the fact that from her earliest years she entertained longings for motherhood, which were far too intense and far too little understood. Even a superficial analysis of her dreams makes this abundantly evident. In fact, the very first dream after she presented herself for treatment, which is recognized as being of special significance, showed her in my office in company with her mother, and as if identifying herself with her, a circumstance which her experience and associations showed clearly to have that significance. She felt that in this dream she was giving away the secret of her life—the longing to be herself a mother. "Furthermore," she says, "as a very small child, between three and four years of age, I loved other children dearly. From the time I was nine until I was twelve I had the care of my youngest brother." This experience was important and perhaps, in part, controlling. She was extremely devoted to this younger brother, and on that ground enjoyed the care of him.

Nevertheless, she had often to sit by his cradle while friends were playing outside, and the half-repressed longing to be with them became strong within her mind. After she grew older and had graduated from college, she developed almost a hatred for the girls who boarded with her mother, while at the same time envying them their joys. The children also became objects of hostility to her. They were "disturbers of the peace."

I have said that her arrival in the world was an unwelcome event to her mother, but certain further details about her early childhood call also for mention. Her mother—a person of fine traits and great power of self-denial, but herself a prey to conflicts and dissatisfied with her lot as she found it—had married without the knowledge and consent of her family, and had kept the marriage secret, presumably because she was a teacher and could not afford to give up her place.

My patient was prematurely born, weighed only two and one-half pounds at birth, and was an unpleasing sight. The attending physician was angry and gave the mother a scolding which she resented as unjust, and this increased her inclination "to hate the innocent cause" of the painful situation. Only her father was pleased, and his joy was not unmixed with pain. From then on, however, he took his child under his special charge and was absolutely devoted. For three months every one despaired of the child's life. When she was a young girl her father wrote her a note of intense solicitude, in which he described in strong terms the depth of interest with which he regarded her career. Her mother was so unhappy about the whole situation that it was "a distress to have me near," the patient writes; "it was a relief to her whenever I went away from home." Again:

> "I did not know why my mother did not love me. I knew simply that she did not. I made pathetic efforts to gain her love,—all without success. I think father gave me an extra measure of love because of mother's refusal. Naturally I turned more and more toward father. His affection had in it something of passion."

Her mother on the contrary objected to tokens of affection, and "the fact that she repulsed me made me all the more ardent in my demonstration toward other people."

Her father then, became the objcct of her admiration and was her constant companion so far as his business, which called him much away from home, allowed. As time went on this (reciprocated) passion for her father grew steadily more strong and more engrossing.

The evidence is overwhelming, though I can do no more than hint at it in this place, that her longing for closer intimacy, or identification, with him was as strong as it well could be, and knew, in fact, no limits. He once said to her that if he were not married to her mother he would like to take her for his wife; and her mother, in her turn, exclaimed, on one occasion, "I believe you would marry your father, if you could." As a child of eleven she adopted for herself, in secrecy, a middle name which began with the same letter with her father's middle name, in order that their initials might be identical. On one occasion, when they were all three on a journey, which involved a trip by water, when her father and mother were about to enter their state-room for the night she put out her hand, under a strong but momentary impulse, to hold her mother back, and incurred in so doing the latter's great displeasure.

At one period in her life—when she was seventeen or eighteen years of age—her father distinctly held her back, by the expression of a strong wish, from the chance of finding a real lover. He did this because he wished her to devote her whole time to her studies. Whether this was desirable or not, these are possibilities with which it is dangerous to tamper. His wish at that time was law, and although it is true that she did later find her affections more or less strongly involved, yet there is no doubt that the magic of his personality held her with far too strong a grip. When he was growing infirm, he expressed a hope, at last, that she would marry. But then it was too late, and when she caught his meaning she felt, with intense grief, that he had deserted her. He had been, as she said, her God; and when finally he died she felt as if God had literally forsaken her.

I speak of these details, which might easily be multi-

plied, for the reason that parents often fail to realize that their children belong not to them, but to the world, and that their place in the world must be found largely through their own unaided efforts. The love of the parent for the child, as of the child for the parent, begins with a strong longing which is essentially *in them*, rather than *for its object;* and it may happen that much thought and the cultivation of a willingness to make great sacrifices is required before the passionate devotion takes on at least its best form.

Another unfortunate outcome of such an intense devotion between the parent and child of opposite sexes is that it very often interferes seriously with the feeling of the child for the parent of the same sex. Every person, and especially every child, intensifies his feelings through the principle of contrast. How often does one hear it said, when an opinion, favorable or unfavorable, is expressed—let us say, of one of two brothers, or two sisters,—"Yes, this is true of him (or her), but not nearly so true as it is of the other of the two." Such was eminently the case with my patient. Her mother was conscientious and devoted, but their temperaments were not harmonious, and the gap between them, although it was never positively recognized even as a gap, became a chasm in the patient's inner thoughts through the intensity of her devotion to her father.

This may be a suitable place for calling attention to a principle which, in my judgment, is of great importance. It often offends the mind of persons not accustomed to adequately broad thinking on these subjects, to hear it said that a child takes its father as a God, while at the same time it is often pointed out that the love for the father is largely selfish in its nature, an intensification of the child's love for itself. On the other hand, psychologists of certain sorts are only too fond of pointing out that there is nothing to the conception of God but what is derived from the contemplation of the father's virtues, and a longing to make them one's own.

In similar fashion, it offends the mind to have it pointed out that the ceremonials of religion are but a modified form of the neurotic ceremonials of expiation and propitiation

which the guilty feeling person adopts for his own relief; or that the symbols of religious worship are identical with symbols instinctively selected, usually in pagan days, with far different and apparently opposed meaning. What is said later in this paper about the significance of the breeze, wind and spirit involves the same principles in another form.

But it is time that our views should become broader on these matters, and this broadening is needed by the advocates both of what might be called the leaders of spiritual thought, on the one hand, and those, on the other hand, who can see in the spiritual life nothing but an outgrowth of material forces of the universe, conceived of in a narrow sense. What is needed is that both sets of views should be modified in such a way that it should be seen that the spiritual idea can gain body and richness through the contribution of sense images and feelings without losing anything of its own value. If our thoughts are in the skies, our feet must and should be on the earth, and there is nothing belittling in the fact that our instincts are, in a sense, the offspring of the forces of nature, the instincts of the animal, and of the primitive savage, as well as—preëminently—of our own childhood.

It does not materially change the nature of our obligations in this respect that a given person accentuates too much one or another step on this road from the "natural" toward the spiritual, and makes a stopping-place, at which to linger with undue enjoyment, of what should be a place of passage. The person who makes this error is sure to suffer therefor. But in some measure and in some respect we all do it, and each one deserves the understanding sympathy of the rest. In fact, as I believe, as there is no person who does not cling unduly to some infantile trait or self-indulgence, so there is no one whose life is not animated in some measure by the slender but irresistible influence which sets toward a grouping of his powers and forces such as is for him "the best." And this connects each person with his own ideal self, or, better, demonstrates the existence of this ideal self in him.

Had the feeling for her father retained a purely spiritual form, and had she been able to play a satisfactory part in

the so-called real world, this patient's father-love might have been well and good. In fact, it led to fanciful longings which made it hard for her to take her own place amongst her natural companions.

I have said that the patient's early and later religious training played an extremely significant part among the influences that formed her temperament, and will now go into this subject at somewhat greater length. Her memory on this point reaches back to the time when she was four years old, and she recalls that even then she had begun to take part in the daily readings from the Bible and in learning passages by heart, and had come under the influence of what she always referred to as "the little red book," a narrow, bigoted publication by the American Tract Society, on the basis of which she was expected to regulate her life. Unfortunately the common pleasures of childhood were, to say the least, very imperfectly represented, and but little chance was afforded for play, which to the normal child is as the breath of life.

> "Both my parents recognized that children must play; nevertheless, the time taken for it was rather considered wasted. Sunday School teachers impressed upon all the children the fact that they must work, and the hymn, 'Work, for the night is coming,' was one of those that incited us to action of a helpful order . . . Even our pleasures were of a serious nature."

And again,

> "Something was decidedly wrong with a child if he did not think it was his chief joy to love God and obey Him. This included love and obedience to parents. The obedience exacted by the church and the home was of such an absolute character as to very nearly exclude individual choice. Perfect obedience was a real hindrance to full self-expression. My mother once said, 'Your Aunt Mary has disciplined Richard and given him such a rigid training that she does not know the real nature of the boy.' I know this same thing was true of myself."

And again,

"Not only was play discouraged to a large extent, but we were given the impression that it was a sin to waste time, that we were accountable to God for every moment and we must make every moment count towards some good end. This conviction was like a lash driving us to duty. There were moments when I felt myself hating the words 'duty' and 'discipline.' I would almost have been willing to die to escape them.

"As I expected a voice from Heaven, so in answer to prayer I looked for gifts from Heaven. A father will hold up a toy in front of an infant, then when the infant reaches for it will drop it into his lap. In the same way my imagination pictured God as bestowing gifts upon me, and I seemed to think they would come without any effort on my part save the asking. This was an unfortunate idea and acted also as an inhibition. Why work for something which I could obtain without work? I am certain many an adult Christian of those days behaved as if he believed the same thing.

"The body was considered as a hindrance to spirituality. We were encouraged to despise the body and to think more about the well-being of the soul. It seemed as if the body were something which prevented the life of the soul instead of representing a channel for energy to flow out to the immediate environment. One reason why the body was despised was because it caused the soul to sin. If a person longed to dance, that was a pleasure of the body and must be denied because the heavenward progress of the soul would be impeded. When I was about seven years of age, I begged my parents to let me have dancing lessons. It could not be allowed. Only very worldly people would indulge in dancing. When it came to singing, there was not much difference made. Children might sing school songs and Sunday School songs and hymns. Later one could enter a church-choir or, perhaps, join a chorus where oratorios were sung. To be a concert singer or to think of studying for opera was like going to

perdition. Going to the theatre and playing cards were sins of a high order.

"Aside from the books used in our school work, we were permitted to read only a very few others—'Pilgrim's Progress,' 'Uncle Tom's Cabin,' books of travel, and (as we grew older) Milton's 'Paradise Lost,' and Shakespeare's plays. After a while the Sunday School had a library; but books received from there were very flat and uninteresting, of the 'goody-goody' sort."

This religious training created an atmosphere which was indeed stimulating to her conscience, and inspiring to her literary instincts, since she learned to know the Bible through and through; but in several respects it had a distinctly unfavorable effect. In the first place, she found it hard to breathe freely in an atmosphere so strongly charged with influences in which her intellect could take but little part; and then she found in it a stimulus to emotions which were, by nature, only too easily aroused. With her acute intelligence and sympathy, she did not fail to become intensely interested in the Old Testament narratives, and of necessity she interpreted them, unconsciously, in her own fashion. God became, virtually, the equivalent both of her adored father, and also of her critical, over-watchful mother.[2] Also, the instincts which she learned to recognize later as typically sexual began to take shape and to become engrossing, though, for the time, the form that they assumed was thoroughly mystical and spiritually symbolic. When only four years old she conceived of God as, on the one hand the all-powerful Creator, even of new-born children, and at the same time as a spirit, or, in almost the literal sense, as wind (see the "pursuit" dream No. 2 below). Readers of psychoanalytic literature will remember that Freud, in the imagined history of Leonardo, refers to the vultures as being, according to the legend, impregnated by the wind, as if taking the place of a mysterious and powerful deity. This idea was my patient's also, and she proceeded soon to apply

[2]The all-seeing eye of God (as of her mother) became a source of terror, emphasized by a Free-mason's diploma which her father had, from the top of which a glaring eye looked out.

it, subconsciously, with reference to herself. Two of her dreams bear on this point, and also the belief which she entertained in a thoroughly simple and childlike fashion, that since God is all powerful and "a spirit," and as children come into existence through his fiat, the parent might be sexless and occupy a wholly passive role. The wind passes over the face of the water and stirs its surface, thereby showing its presence there, as the angel stirred the Pool of Bethesda, and the creation of new life follows as of course. Through this idea the vital significance of both air and water took on for her a new form and meaning which biology might have sanctioned.

Moreover, in the Old Testament, Jacob and others had several wives, and Jacob worked twice seven years for Rachel. Why, then, should not she, as well as her mother, be the wife of her adored father? And was not this the reason why she should yield to his wishes in the matter of her studies, and devote seven years (as actually happened) in working for him? And why, then, should she not receive her just reward?

It is significant, as illustrative of these conflicts, that my patient had repeatedly, between the ages of eight and eleven years, a dream which, with certain modifications, recurred in later life, and has come up even very lately. I give the dream in her own words:

> "I see myself wandering through an empty house. Suddenly a dreadful ogre rushes out from one of the rooms and pursues me. Without wings I seem to go up stairs and yet not touch them with my feet. I hide in dark closets to escape the ogre. Then I hear him coming and I hurry on in the greatest fear. Now I am far in advance, now he almost grasps me. Then when I have reached the last gasp, one of two things happens, —either the roof opens and I float out heavenward in relief and joy, or else I fall to the floor in a little heap of exhausted despair. At that instant the ogre disappears."

Every student of dreams knows how common these "pursuit" dreams are, and that they signify at once a

longing for a pleasure undefined and a shrinking from one's own unuttered and indeed unutterable emotions as being indefensible. "Pursuit" betokens the awakening of a desire for attention—natural in itself—which startles and terrifies its possessor through its very intensity, its mysterious, vague power, its warning of instinctive cravings, strangely familiar yet hitherto unrecognized. Its significance in this case is emphasized by the fact that when she was eight years old (that is, when these dreams began) she had an experience which made a profound impression and indeed formed the beginning of a new epoch. As she was playing, namely, with some other children in the garret of the house of one of them, some boys, a little older than they, broke in on them, exposed themselves and attempted to throw them down; tried, in short, to commit an assault on them, an outcome which was cut short by a noise which led to fear of interruption. Not only this, but for some time afterwards the same boys continued to annoy them on the street, threatening them with knives drawn with dire vengeance if they reported them at home.

Worst of all, in a psychological sense, was the fact that the fear thus excited, great as it was, was accompanied by an amount of curiosity and desire which was overwhelming and disastrous, especially so to my patient on account of her rigidly religious education, for this had led her to regard her only real and admissible self to be a self of "spirit," free from earthly passions.[3]

At a much later date, after her fancies and fantasies had long occupied themselves with the relation between her father and herself, the following modification of her childhood dream occurred.

> "*My mother, my sister, and myself* are living in a fine old-fashioned mansion. It is light and airy, having many windows. The lovely white-enamel woodwork delights me; but there is no furniture in the rooms.

[3] Some fifteen years later this patient had an analogous experience (psychologically) which revised and amplified the first. She was, namely, accosted on the village street by an adult "exhibitionist", with the result that she became haunted by terrifying visions, in which she would see herself lying prostrate at his feet, as in one of the two outcomes of her "pursuit" dreams of childhood.

They are absolutely bare. The house stands in the midst of a beautiful park where magnificent oaks are so close together that a bird's-eye view of their tops would show a carpet of green. I seem to see myself high in the air enjoying such a view. In fact, during the first few moments of the dream, I am outside of the house looking at it and finding pleasure in its beauties and the charm of its situation. My mother and sister are in an inner room of this big, square mansion. While dreaming I am conscious that they also represent myself. Then I am in the house with them. Without warning there comes, from within *me*, a sensation as of some force active there. In an instant it is outside of and in pursuit of me. *Beginning like a gentle breeze, it increases until it has the strength of a hurricane which nothing can withstand.* To escape its power I run into a hall, and bolt behind me *three* doors there. I have shut my mother and sister in with that 'dreadful something!' But no; it cannot be confined. It passes through the bolted doors to my side of them. *Then the 'force' is no longer simply a force, but it becomes a person with a purpose.* I rush out into the park. My feet leave the ground. With a superhuman effort I make my way in the air to the tree-tops where I walk along on the huge boughs from tree to tree, trying to conceal myself beneath, or behind, the foliage. I look for the pursuer. There he is below me—he is likewise looking for me. It is a man on horseback. The horse is high-spirited, is turning in circles, and his head is held erect by the rider's firm grasp on the short reins. The horse cannot throw that man. I watch them with interest. Then I find myself awake."

In another dream, of this same period, she saw her father and herself lying side by side and realized his caresses with gratification.

I will not undertake to give here a full analysis of this dream, for to do so would require too much discussion. The following comments are, however, of especial interest.

1. The patient has no "sister," though as a child she

longed for one, just as every child at a certain period of his infancy longs to intensify the consciousness of himself by discovering or assuming some duplicate of himself. It is well-known to students of dreams, and suggested itself at once to the patient, that the invention on her part of the "mother and sister" symbolized a desire, not only for the duplication of herself as a complete personality, but also the intensification in thought of her maternal longing, and her womanly longings in a general and specific sense. It will be noted that she says that while dreaming she was conscious that these dream personages represented herself; and in placing them in the "dark, interior room" (as she later said) of the mansion which she makes so beautiful, she symbolized the idea of their central position in relation to her interests and to herself.

2. The recognition of the fact that the "force" which eventually pursued her started as a stirring *within herself*, is of distinct interest, because it indicates an accurate representation of the truth. It is, indeed, our own feelings that pursue us.

3. Finally, the "force" "becomes a person with a purpose," and from the secure protection of the tree-tops she discovers that this person is her father, whom she had so strongly wished to look on as as her lover and whose power and manhood she delights to witness.

The dream as a whole is, in short, an allegory of her life of imagination, with some of its most fundamental longings. In fact, she had an instinct of motherhood which amounted to a strong craving, and made her identify herself with her own mother (as an obvious exemplar of the maternal instinct and in spite of their tacit lack of sympathy) and long for more signs of affection from her than she actually received. At one period she tended her younger brother—then an infant—with great devotion and at considerable sacrifice, and learned to think of him, longingly, as her child. In her fantasies she jumbled together her cravings for childhood and parenthood, protection and domination, and became a person perpetually seeking a fanciful and mystical realization of gratifications which she could not practically reach.

It may be of interest to note here, as throwing a side light on some of the tendencies thus far referred to, that when my patient was between two and three years old a brother was born who was a very attractive child, and she remembers that her father gave him some attention;—"enough" she writes, "to arouse in me a feeling of jealousy," in spite of the fact that she became very fond of the child and devoted to its care. A dream which she had when still a little girl, in which she represented herself as terrified by the idea that her brother had died, may be taken, if the usual interpretation of such dreams is sound, as indicating the activity of such jealousy. In her subconscious thoughts she wished him out of her way and in the dream she saw him very vividly as dead.

The warmth of her father's affection for my patient then came in to accentuate a tendency, which would probably have been formed even without that cause (if only as a matter of compensation), to exalt herself in her own eyes. She felt that to be so warmly loved was proof that she was worthy of being loved. Spurred on by this egoistic ardor she began to develop a strong ambition both to excel in school and to conquer in such simple games as she played. In fact, she carried so far the passion to win out over the rest, that it interfered curiously with their comfort and her own.

The dream about her baby brother's death was followed, at no great interval, by another in which (presumably in obedience to a suppressed wish) she represented her mother as having died. This dream also, which, with some reason, it greatly annoyed her mother to hear told, became a source of torture to her conscience. But her conscience was as complex in its workings as were her other tendencies, and in looking back at the incident and the events that followed it, she writes:

> "Perhaps as an atonement for the sub-conscious crime of wishing evil I spurred myself on to renewed duty. I was as cruel to myself as if I had been striking my body with a lash. Also, I tried to be as hard with other people as I was on myself, which, of course, caused

me to be rather disliked by my schoolmates. I did not understand why they felt that way, for I knew I had only kindly feelings toward them. I wanted them to do right, because if they did not do right they would suffer."

In the same letter she writes, further: "Punishment was always connected with wrong-doing. The reward of merit system was in full force in those days. The good child was rewarded and the bad child punished. The good child always obeyed his parents and other people in authority. I tried to please father in order to deserve his affection. I was anxious to please mother in order to win her love. Parents decided what was good for their children, and in our home at least there could be no appeal from that decision. It was shown to be our duty as children to give absolute obedience. Independence was impossible, and the way in which we eased our spirits from the undue pressure was to imitate our parents by striving to have authority over our school-mates, through endeavoring to compel them to do the things which we called right. . . . The tendency to dominate other people, particularly my mates, soon caused me to be avoided. That, and the fact that I was kept in the house so much, to take care of my baby brother, made me a prey to loneliness. Then I began to imagine myself different from other children. A neighbor's child exactly my age, was doing very well with music. My progress was compared with hers, the result being not at all to my credit. The lonelier I grew, and the more unhappy I felt, the more I clung to father. His love for me should be a comfort for all my disappointments.

"This tendency to lean on him increased year after year, so that when I was twelve years old his approval made me blissfully happy and his disapproval put me into an abyss of distress. I never seemed to feel real happiness apart from father. That was a dangerous state of affairs, of which father himself had no suspicion. But mother's eye was open to all those things. She was quite certain that father paid me

altogether too much attention; in other words, she was jealous. No doubt I deserved reproof, but I believe that the more jealous she became the more she found fault with my behavior. However that may have been, it is unfortunate for any child to be tossed about between the conflicting emotions of its parents . . . I came by my own intense feelings most naturally, as can very well be seen.

"One day father sent me a heart-shaped valentine, made of white gauze, roses, and narrow blue ribbon. I thought my heart would burst with joy when I knew who sent this love token."

This tension was somewhat relieved, at one point, through another influence, equally objectionable, which she describes as follows:

"A religious revival moved the city to its depths.[4] For two or three months during one winter nearly every one attended the meetings. They were well calculated to stir up almost every emotion of which a human being is capable. A great number of Bible subjects were introduced at the revival meetings. The bliss of Heaven and the tortures of hell were both pictured to the audience in vivid colors. It is not to be wondered at that a sensitive child, like myself, should suddenly begin to dream of the Last Judgment.

"(In this dream) the figure of Christ was floating high above me. For an instant I was uncertain whether I deserved to go to Him or not (cf. the ogre dream of childhood, above described). Would he receive me? The next moment a happy little soul went soaring heavenward."

There are many other features in the case to which attention might properly be called, but I refer only to one more which really deserves, in large measure, to be mentioned in connection with her father worship, and also as a

[4]This lady's home was in a city in another part of the country, somewhat remote from Boston.

part of her longing for domination. This is a tendency almost deserving the name of kleptomania, which showed itself slightly in earlier years, and again at a later period, although in fact the actual thefts, such as they were, occurred but a limited number of times in all. As a little girl she stole a pear from a fruit-dealer's, under the following conditions: It was at the time when the longing for dommination was very strong in her, and to have the upper hand gave a kind of exultation. It was a form of excitement filled with fascination.

> "Not far from my father's office there was a fruit store. Sometimes the owner stood in the doorway; sometimes he was half concealed in the darkness of the room. But wherever he might be he kept an eye on the fruit-stand in front of the store. Just because he was so afraid that something would be taken from him I longed to snatch a pear or an apple and dash out of sight before he could seize me. I did not want the fruit; I wanted to 'beat him at his own game.' He made me think of an ugly spider ready to spring on some one. I would take good care that he did not catch *me*. The right moment came. In a twinkling I was off with a pear; in another twinkling I had thrown my trophy away. At first I felt quite fine over my exploit. But then the New England conscience came into play . . . I never confessed the sin, however. But for a long time, whenever I passed that store, involuntarily I quickened my steps . . ."

The next event of this sort was when she and her brother exchanged car tickets, that they had given them to go to Sunday School, for candy from a confectionery store.

Finally, many years later,—in fact, within a comparatively recent period,—some much more important events of this kind occurred which should justly excite the interest of the student and which may justly be considered as throwing a new light on the otherwise trifling occurrences of her childhood. On three occasions, namely, she took a book from a second-hand book-store, and on several other

occasions she picked up from a counter, with an impulse to carry them away (which, however, she did not allow to completely fulfil itself)—at one time a blue leather pocket-book, at another a doll's pocket-book of the size of a postage stamp, at another a bit of narrow baby lace, then a scrap of *filet* curtain lace, again, a white belt far too large for her, and finally some small pearl buttons similar to shoe buttons and also pale blue in color.

What was the cause of these impulses to theft? Certainly not any desire to keep or own the articles taken. For, in fact, none of them were of value to her, and all were returned except two of the three books. These she gave away to persons whom, for the gratification of her own half recognized desires she wished to think of as reading them and being impressed by them. Not only this, but she replaced each one of these books by one of her own which she considered of greater value.

It is worth while to go into the matter a little further, partly for its intrinsic interest in this case, partly because thieving of this general character represents tendencies which deserve far broader study than they commonly receive.

If I have succeeded in my intention I have made it clear that this patient was a person of very strong emotions, which did not lead her to either of the more satisfactory outlets of marriage and the establishment of a home, or to an active social life to which she could give her interests with a whole heart. She was like a stream partially dammed up and forced to find its exit outside its normal channel. As a young girl she had greatly wished, as I have said, to study music, and if this could have been made possible all might have been well. Another, analogous opportunity for a satisfying occupation offered itself on her graduation from college; but this was rejected by her own cross-purpose tendencies, while the music she abandoned in obedience to her father's wish. That, to her, was law, and without consciously willing it her father strove to mould her life in accordance with his own desires. At one time she repelled a chance to marry, still under the control of the wish to make her father all in all, while at another period, when something of this sort might well have come to pass, she drew back from

even the possibility, in consequence of a feeling to which he had given expression, that she ought to devote that period of her life to study.

Being the sort of person that she was, there was nothing left for her but to gain, through her fancy and in a symbolic way, the gratification of her inhibited wishes.[5]

If this tendency is clearly understood, the meaning of the thefts will readily be seen, even without an attempt to interpret them at length. The theft of the pear from the fruit-stand has already been explained in the patient's own words, as inspired by a desire for domination, to "get the better of some one," the wish to outwit somebody. The thefts of the books will be better understood if I say that she had a dream in which the patient represented herself as snatching and running away with some jewels belonging to her sister-in-law, and hiding them in a box in the basement of a house half demolished as if through a bomb. The analysis left no doubt that this expressed a desire (really felt but not consciously accepted) to appropriate her brother's children as born, or to be born, of herself. This sister-in-law was a person of dominating character, whom she felt to have stolen her brother from her, yet whom, in a sense, she feared. The evidence, which I have not space to indicate, showed that my patient longed to regain possession of her brother for herself (or, failing that, then his children), and this desire showed itself in indirect form just after the death of the man who, but for her father, might have been her lover.

The three books were taken after she had broken away from another male friend who was, in a sense, a lover (though she never could have married him) and who stood, in a measure, for her father—whom books always, pre-eminently, symbolized in her mind. All three of these books were—from the nature of their contents—related directly or indirectly to her repressed wish to be identified with her father. The leather pocket-book was of a color of which he was extremely fond, and it appeared in several of her

[5] I am not prepared to assert that my patient's failures were due quite as exclusively to her absorption in her father as is here represented. But that the part played by this influence was very great is beyond a doubt.

dreams. The doll's pocket-book, the narrow baby lace, and the *filet* curtain lace seem to have been taken under the impulse of longing for children of her own; and in fact, one of them had an association in her mind with a German story she had recently been reading, entitled "Lace." The heroine of this story had been given some lace by her lover as an engagement present.

Stated in this off-hand way, the explanations here offered may carry no conviction; but those who are familiar with the interpretation of dreams, and who realize that the thoughts expressed in dreams differ but little from the instinctive thoughts of daily life, will be more inclined to believe that they are true. The white belt, the small pearl buttons of pale blue color, would be accepted as the expression of other wishes in the same class if there were opportunity to present the evidence at length.

To summarize the teachings of this case, one might say that,—partly in consequence of ill health during childhood and adolescence, partly because of the unwisely stringent, emotionally stimulating training to which she was subjected, partly because of the failure on the part of her devoted parents to recognize her best needs,—this patient became like a person seeking for a hidden treasure that she had never seen, yet which she felt belonged to her, picturing it with her vivid fancy under a thousand forms no one of which corresponded to the truth.

The tendencies which she showed as regards her father and her mother were of a kind that has received much attention from psychoanalysis, and might be considered as constituting a fairly typical illustration of the psychological situation to which the name of "Oedipus Complex" has been given.

But where one of these striking tendencies of early childhood (which occur even with normally developing children, though in a very transient and evanescent form) is as strongly marked as in this instance, it rarely if ever forms the only neurotic feature of the situation. There are four or five phases and a larger number of special tendencies,

some or all of which are likely to stand out (in the course of the analysis) in greater or less measure.

I have not sought to bring out these other features of the case (although all of them would repay study), but I will mention the two principal ones, lest it should seem that I had overlooked them.

(1) There were distinct signs of an accentuation of the so-called "autoerotic" period of earliest childhood, and (2) equally distinct signs of the tendency to emphasize relationships with persons of her own sex familiar to every one under the name of "crushes," or as intense friendships. The latter tendency was especially marked in one rather overwhelming friendship that lasted nearly fifteen years, and the eventual rupture of this relationship, through a decided stand taken by my patient, was the token of a growing sense of independence and insight on her part.

It is also noteworthy that the patient's compensatory wish-fulfilment fantasies took on many curious and subtle forms. One of these consisted in the very frequent employment, in her dream life, of the number "three," or, rather, of the principle of triplification; as where three girls, dressed just alike and obviously representing a poly-plication, and thus an intensification, of certain wished-for qualities in herself, presented themselves at her side as helpers in a time of trouble.

Every one is aware that this tendency to triplification, or—to use a more convenient though inaccurate terminology —the use of "three" and its multiples, has played a larger part in the history of mystic thought than even the use of five or seven. Three is pre-eminently a sacred number, and its appearance in the "trinity" of Christian theology is only one instance out of a vast number. Usener's book, "Die Dreiheit," gives numerous examples of the tendency. In seeking for an explanation of this widespread custom, that careful author goes no further than the idea of intensification through an extended form of reduplication, the number three being considered as virtually equivalent to "indefinitely large." I would only say, in supplementation of this idea, that there are strong and instinctive sex-connotations to the number three and that these came into

play in the case, here considered. They relate partly to the family idea—father, mother, child (which is, of course, contained, amongst others, in the Trinity conception)—and also to other matters.

I have said that the effects of treatment, in this case, were eminently satisfactory. The patient feels that she has had a species of new birth. It should be added, however, that this result, while it would have been impossible without psychoanalytic aid, has been greatly furthered by congenial work and an increase of social intercourse of a good sort.

PSYCHOPATHIC APHONIA, STAMMERING AND CATALEPSY

BY BORIS SIDIS, M. A., PH. D., M. D.
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S. R. Age 25. Russian Jewess. Married; has four children. Patient was brought to me in a state of helplessness. She could not walk, and was unable to utter a word. When spoken to she replied in gestures. When challenged to walk, she made unsuccessful attempts, the step was awkward, the gait reeling, the body finally collapsing in a heap on the floor. When I shut her eyelids, the eyeballs began to roll upwards, the lids soon became cataleptic, and the patient was unable to open them. When I insisted that she should open the lids, she strained hard,—the muscles of the upper part of the body became painfully tense,—wrinkled her forehead, and contorted violently her face. After long insistence on her replying to my questions, and after long vain efforts to comply with my request, she at last succeeded to reply in a barely audible voice. When whispering she kept on making inco-ordinate movements with jaws and lips, began to shut her eyelids, rolled up the eye-balls, forced the tongue against the teeth, stammered badly on consonants, uttering them with great difficulty after long hesitation, the sound finally coming out with explosive force.

I insisted that she must stand up, she raised herself slowly and with long effort, made a couple of steps, and sat down at once on the chair. During the period of effort there was marked tremor in her left arm. When she sat down, she threw her head backward, rolled up her eyeballs, and began gradually to close her eyelids. She remained in this position for a couple of minutes, and then began spasmodically to open and shut the eyelids. When taken to her room, patient walked up, though with some difficulty, three flights of stairs without the nurse's support.

Patient was greatly emaciated, she lived in extreme poverty. She was married five years, and had given birth to

four children. Patient was suffering from severe headaches which set on soon after the birth of the second child. At first the headaches came at intervals of a few weeks, and lasted about a day, then with the birth of the other children the headaches grew more severe and more frequent, and finally became continuous. From time to time the attacks were specially exacerbated in violence, she then complained of terrible pains in the head, excruciating agony toward the vertex. The face was deadly pale, the hands and feet were ice-cold, the pulse weak and sluggish. During the attack the head had to be raised, since in any other position the pain was unbearable. The pain was originally unilateral, starting on the left side of the head. Of late the pain spread from left to right. The whole head felt sore, like a boil, the scalp was highly sensitive. The intense attacks, sweeping over the patient unawares, were accompanied by twitchings of the eyelids, rolling of the eyeballs, dizziness, sparks before the eyes, pains in the left side of the chest, and by numbness and hypoaesthesia of the face, arms, and legs. The patellar reflex was markedly exaggerated, no clonus was present; the pupils reacted well to light and accommodation. The field of vision, however, was unsually limited:

	Temporal	10		Temporal	15
Right Field:	Nasal	5	Left Field:	Nasal	8
	Upper	5		Upper	12
	Lower	8		Lower	10

The patient was admitted to a local hospital, and was allowed to nurse her one year old baby. Three days after admission, while nursing her baby, she was suddenly seized with a violent attack of headache and pain in the left side. The arms felt numb and "gone." The patient was seized with a panic that the child might fall; hugging the baby to her left breast she screamed for help in agony and terror. Immediately following this seizure the patient lost her voice, speech, and power of walking.

After staying in the hospital for two weeks the patient was put under my care.

Patient was an extremely timid creature. She lived in

Russia in a small town where the religious persecutions of the neighbors were persistent and unremittent. To this was joined the petty annoyances by the village police the representatives of which acted with all the cruel tyranny characteristic of the old Russian regime. The patient's family was in constant terror. In childhood the patient has undergone all the horrors of the *pogromi* with all the terrors of inquisitorial tortures. Fear was the very essence of the patient's life. She was afraid of everything, of her very shadow, of anything strange, more so in the dark, and at night. With this insistent fear which was the basis of the patient's mental life there were also associated a great number of superstitions to which her mind was exposed in early childhood, and in her later life. The patient lived at home in the fear of the most savage superstitions and prejudices characteristic of the poor ignorant classes of Eastern European countries, and outside the house she was in fear of her life. The patient was brought up on fear and nourished on fear. No wonder when she was run down and met with a shock, that the fear instinct seized on her and gave rise to the symptoms of physical and mental paralysis.

To this life of terror we may add the extreme poverty in which the patient lived in Russia and afterwards in this country. The hard work in a sweat-shop and the impaired or ill nutrition ran down the patient and further predisposed her to disability and disease. Patient lived in constant dread of actual starvation, with fear of having no shelter and with no roof over her head. She was so timid that she was scared by any sudden movement, or by a severe, harsh, threatening voice. She was extremely suggestible, imitative, and credulous. She was like a haunted animal, like a scared bird in the claws of a cat. Fear often threw her into a state of rigidity.

The patient suffered from a fear of fatigue, from fear of exhaustion, from fear of disability, from fear of paralysis, pain, sickness, and death. The fear psychosis, based on an abnormally developed fear instinct which formed the main structure of her symptom complex, had a real foundation in the psycho-physiological condition of her organism.

The patient actually suffered from fatigue due to exhaustion, underfeeding, and overworking.

Married at the age of twenty, she bore four children in succession. This was a drain on the poor woman, and further weakened her feeble constitution. Her husband was a poor tailor working in a sweat-shop, making but a few dollars a week. The family was practically kept in a state of chronic starvation. The wolf was hardly kept away from the door. The family was in constant dread of "slack time" with its loss of employment and consequent privations and suffering.

The husband was a hard worker, did not drink, but the long hours of work, the low wages, the poor nutrition, the vicious air, and the no less vicious environment, cheerless, and monotonous, sometimes gave rise to moods, discontent, anger, and quarrels of which the patient with her timidity stood in utter terror.

The patient's dream life was strongly colored by a general underlying mood of apprehension. The fear instinct formed the soil of the whole emotional tone of the psychosis, waking, subwaking, dreaming, conscious, and subconscious. Again and again did the nurses and attendants report to me that, although the patient was aphonic and it was hard to elicit from her a sound, in her sleep she quite often cried out, sometimes using phrases and words which were hard to comprehend, because they were indistinct, and because they were sometimes in her native language. When awakened immediately, it was sometimes possible to elicit from her shreds of dreams in regard to scares and frights about herself, about her children, about her husband, relatives, and friends. When she came under my care the patient often used to wake up in the morning in a state of depression due to some horrible hallucinatory dreams in which she lived over again in a distorted form, due to inco-ordination of content and to lack of active, guiding attention, dreams in which the dreadful experience of her miserable life kept on recurring under various forms of fragmentary association and vague synthesis, brought about by accidental, external and internal stimulations.

The patient was taken to her room in the evening, and put to bed. During the night she was somewhat restless,

kept on waking up, but on the whole, according to the nurse's account, she slept quite well. In the morning the patient had a hearty breakfast, and felt better than the day before when she was brought to me. The voice improved somewhat in strength and volume. During the day she rested, felt well, and enjoyed her meals. Speech was still in a whisper barely audible, but there was no stammering, no muscular inco-ordination, no twitchings of the face. About four in the afternoon patient sat up in bed, her voice became somewhat stronger, though speech was still in a whisper. This improvement lasted but a few minutes. When her arms were raised, the left hand manifested considerable tremor and weakness as compared with the right arm. (See Tracing I.) After having made a few remarks which apparently cost her considerable effort, she had a relapse, she again lost her voice, and was unable to whisper. I insisted that she should reply to my questions; she had to make a great effort, straining her muscles and bringing them into a state of convulsive inco-ordination before she could bring out a few sounds in reply. A little later, about ten or fifteen minutes after I left the room, the nurse came in and quietly asked her a question, the patient answered in a whisper, with little strain and difficulty. In an hour later the patient regained her speech for a short period of a few minutes. These changes went on during the patient's waking period. Once towards evening the patient regained her voice and speech to such an extent that she could talk with no difficulty and little impediment; the voice was so resonant and strong that it could be heard in the hall adjoining the room. This however lasted but a few moments.

After having had a good night's sleep patient woke up in good condition; appetite was good. Voice was clear, though low. She was in a state of lassitude and relaxation. I attempted to examine her and kept testing her condition, physical and mental. I was anxious to make a psychognosis of the patient's case. The tests and the questions strained her nervous system by requiring to hold her attention, and by keeping her in a state of nervous and mental agitation. She looked scared, anxious,—the scared, haunted look in her face reappeared. The patient was no more than about

twenty to twenty-five minutes under experimentation when a severe headache of the vertex and of the left side of the head set on. The eyeballs began to roll up, eyelids were half closed; lids and eyeballs were quivering and twitching. The hands were relaxed and looked like paralyzed. When raised they fell down by her side in an almost lifeless condition. There was marked hypoaesthesia to pain and heat sensations. The anaesthesia was more marked on the left than on the right side. The left arm when raised and kept for a few seconds showed marked tremor as compared with the right arm. This is to be explained by the fact that the exacerbations of the headache, of pain, and the general cataleptic seizures set in usually during or after the nursing periods. The infant while nursing was kept by the mother on the left arm, the left side thus bearing the pressure, weight, and strain,—it was with the left side that fear became mainly associated. (See Sidis, The Causation, Ch. Psychopathic Reflexes.)

During the height of the attack the patient was quietened, her fears allayed, and a five-grain tablet of phenacetine was given her with the authoritative remark that the drug was sure to help her. As soon as she swallowed the tablet the patient opened her eyes, and said she felt better. About an hour later, when another attempt at an examination was made, patient had an attack of headache, cried, said she was afraid, but she answered in a whisper when spoken to. She talked slowly, in a sort of staccato way. I insisted that she should talk a little faster and enounce the words distinctly. She made violent attempts to carry out my command, but got scared, began to hesitate, and stammer, her voice and speech rapidly deteriorating with her efforts, ending in complete mutism.

During the day I tried from time to time to keep up the experiment of insisting that the patient should speak, and every time with the same result of bringing about an attack. Patient began to stammer and stutter, becoming more and more frightened the more the nurse and myself insisted that she should make an effort and reply to our questions. Still when the patient's attention became distracted, when she was handled gently, when her fears were

allayed, the speech and sound improved in quality and in loudness, and at times her sentences were quite fluent, her enunciation quite distinct.

This state of instability lasted for several days until the patient became somewhat familiar with the surroundings. In one of her better moments the patient told me that she thought her stammering began with a definite event. One evening when she was fatigued with the labors of the day for her family, a stammerer came in to see her. The stammering made a strong impression on her. She felt the strain of the stammerer in his efforts; she could not control the sympathy and the strain, and involuntarily began to imitate his speech. She began to fear that she might continue to stammer and be unable to enunciate sounds and words. The more she feared the harder it was for her to speak or even to use her voice.

In regard to the limitation of the field of vision, it may be interesting to note the fact, that although the field was narrowed down to 5 and 10, subconsciously it showed to be normal in range. Patient could *guess* objects lying outside the conscious field of vision, narrowed down by her malady. The outlying visual field may be termed the *subconscious field.* Now when tested *the subconscious field was co-extensive with the normal field. At times the subconscious extended beyond the normal.* Patient could guess, although she could not see when directly questioned, all kinds of objects, such as keys, knives, pencils inserted into the subconscious field. Objects inserted on the periphery of the normal field could be guessed by her more often than by a person with a normal field of vision. In fixating the eye I watched her pupil closely, it was found to be steady and immobile. Thus a white strip of paper which the patient could not see unless it was brought within the range of 10 or 5 degrees could be *guessed* by her even when held on the periphery of 85.

A few days later the patient began to improve, she began to adapt herself to her surroundings, and did not get so easily scared. Along with it the field of vision began to improve. Concentration of attention could be prolonged without getting fatigued with consequent headaches and their concomitant manifestations of paralysis, tremor,

aphonia, and muscular and more specially of oculo-motor inco-ordinations. When patient was approached quietly and slowly without arousing any suspicion of danger, thus avoiding the arousal of the fear instinct, the field of vision manifested considerable expansion:

	Temporal	42		Temporal	30
Right Field:	Nasal	25	Left Field:	Nasal	40
	Upper	25		Upper	25
	Lower	25		Lower	30

About eight days after first examination patient woke up one morning in a state of depression; she cried a good deal. She did not sleep well the night before, dreamt and worried on account of her children. She was afraid that something might have happened to them in her absence, perhaps they were sick, perhaps the husband could not take good care of them. She talked in a whisper, her eyes were shut. When I insisted on opening the eyelids, she opened them, but did it with difficulty. I put her into a hypnotic state. In about a minute her eyes rolled up, and lids shut spasmodically. There was present a slight degree of catalepsy. Mutism was strongly marked. Upon sudden and unexpected application of an electric current, the patient opened her eyes, cried out, but soon relapsed into a state of lethargy. Gradually patient was brought out of the lethargic state.

A couple of hours later, after she had had a good rest a few more experiments as to her sensori-motor life were attempted. I asked her to raise objects, tested her sensitivity to various stimulations, her concentration of attention, asked her questions about her life, about her family, took again her field of vision. All that was a great effort to her. While I was taking her field of vision the patient's eyes began to close, and it took about twenty seconds before she could open them. She opened them with effort, but shut them again. This time it took her about 45 seconds before she could open the lids. Fatigue set on sooner with each repetition of experiment and test, and lasted a longer time.

For several days patient kept on improving slowly. She then had another relapse. She slept well the night

before, but woke up early about six in the morning, she began to worry about her family, and complained of headache. About half past eight the headache became severe, there was again pain in the left side, the left hand began to tremble, and felt anaesthetic, the eyelids closed, and could not open, aphonia returned, in fact she fell into a state of mutism. About ten o'clock patient opened her eyes, but she was unable to talk. After long insisting on her reply to my question as to how she was, she finally replied in a whisper: "Well," then added "I have a bad headache." She had great difficulty in replying to my questions, moved her jaws impotently before she was able to emit a sound, her muscles were strained, the face was set, tense, and drawn, the brow was corrugated, the eyeballs rolled up, and the eyelids shut tightly. Patient was unable to raise her hands, they lay powerless at her side. When raised the arms were found to be lethargic, fell to her side, only the left hand manifested light, fibrillary twitchings and a gross tremor. When insisted upon that she must raise her arms, she became agitated, scared, began to moan and cry. Claimed severe pain in head, in chest, in heart. "Pain in heart, in head, I am afraid," she moaned in a whisper. There was loss of kinaesthetic sensibility, patient complained that she did not feel her arms, "they are not mine." She had to look at the arm in order to find it. There was also present anaesthesia to other sensations such as pain, touch, heat, and cold. After a couple of hours' rest the sensibility returned. The sensibility was affected more on the left side than on the right, and also returned earlier on the right side.

When the fatigue and the scare subsided the patient was tested again. This time the reactions to sensory stimulations were normal. Patient was touched, pinched, and pricked, she reacted to each stimulus separately, and was able to synthesise them and give a full account of their number. Kinaesthetic sensibility was good,—she was fully able to appreciate the various movements and positions in which her limbs and fingers were put.

Patient was left to rest, quietened, treated carefully, avoiding sudden stimulations, allaying her fears and suspiciousness of danger, lurking in the background of her

mind. After a few hours she sat up, made an attempt to raise herself from bed, got up with some effort, and sat down in an easy rocking chair next to her. Her eyes were wide open. Asked how she was, she replied in a whisper that she felt quite well. The effort however fatigued her, her head began to drop, eyelids began to close, and the eyeballs began to roll up. Twitchings were observed in the eyelids, and tremor in the left arm. She was again put to bed and given a rest of a few hours. She opened her eyes, and told me that she was weak. This statement she herself volunteered. I found that she could move her hands easily, and that the numbness was completely gone.

For a whole week the patient kept on growing in health and in strength, her sensori-motor reactions improved, she walked round the room for a few minutes, talked in a low voice for a quarter of an hour at a time without manifesting her symptoms of fatigue; her appetite and sleep improved accordingly. At the end of the week there was again a relapse,—she did not sleep well the night before, dreamt of being hunted and tortured, woke up depressed, had no appetite for breakfast, complained of headache, pains, worries, and fears. The headaches have abated in their virulence during last week, but now they seemed to have reappeared in their former vigor. When I began to examine her she looked frightened, her eyeballs rolled up, her eyelids closed. The aphonia was severe, patient lost speech and voice. When spoken to she could not answer. Asked if she heard me, she shook her head affirmatively. There were slight twitchings of her left hand and also of the muscles of her face. When attention was attracted to the arm the twitchings increased in violence and rapidity. With the distraction of the attention the twitchings disappeared. When the left hand was put in the patient's field of vision, thus making her attention concentrate on that limb, the tremors increased again, becoming finally convulsive in character.

I insisted she should try to open her mouth, and say something,—she made fruitless efforts, moving inco-ordinately the muscles of the face and of the forehead, but she could not utter a sound. She could not move her arms on com-

mand, could hardly wriggle the fingers of her hand. She appeared like a little bird paralyzed by fear. When the arm was raised passively it fell down slowly being in a cataleptic state.

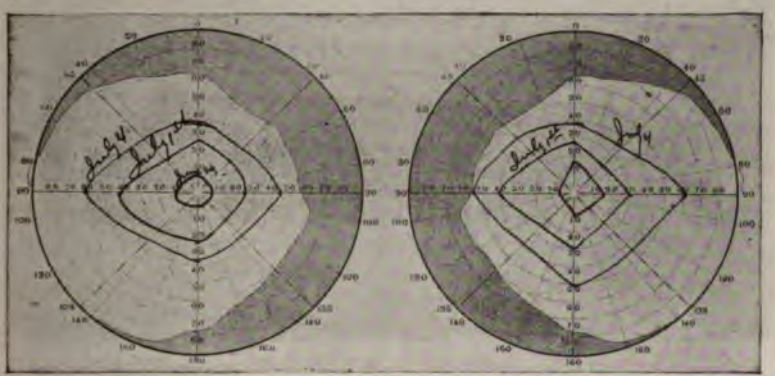
I allayed the patient's fear. I strongly impressed her with the groundlessness of her fears, and also with the fact that everything was well with the children, and that her husband will be good and gentle with her. The patient was permitted to see her family. The husband was made to realize that he must treat her with more consideration. He came often to visit her, and learned to treat her well. He soon found a better position, was advised to remove to a healthy locality and to more cheerful surroundings. The children were well cared for. The patient found deep satisfaction in the midst of this family happiness. The fear state abated,—the patient became more confidential, more hopeful for the future, and began to improve. The infant was weaned so that the strain of nursing was removed. The patient's appetite began to increase; she gained several pounds in a few days. Long periods of examination and investigation of her nervous and mental state no longer exhausted or terrified her. Her concentration of attention could be kept up from a quarter to half an hour at a stretch without giving rise to fatigue, headache, or to a seizure with its consequent psychomotor effects. The haunted look of fear disappeared, and along with it were also gone the fatigue and dread of physical and mental exercise or work. She could work and walk with ease the whole length of the room and of the hall. She began to take more and more interest in her appearance and in dress. For many minutes at a time she looked out on the street taking an interest in all that was done and what was going on. The field of vision taken at this stage of the patient's condition was markedly increased, almost approaching the normal:

Right Field:	Temporal	50–80	Left Field:	Temporal	60–88
	Nasal	45–60		Nasal	55–62
	Upper	35–40		Upper	38–45
	Lower	40–62		Lower	54–60

(See Chart II.)

In a couple of weeks the patient no longer complained of headaches and pains; she felt strong and well; her voice, speech, movements, reactions became normal. Sudden stimulations no longer scared her, nor did they bring about any attacks of tremors, trembling, anaesthesia, aphonia, mutism, and catalepsy. (See Tracings I, II.) The patient was sent home, and stayed well.

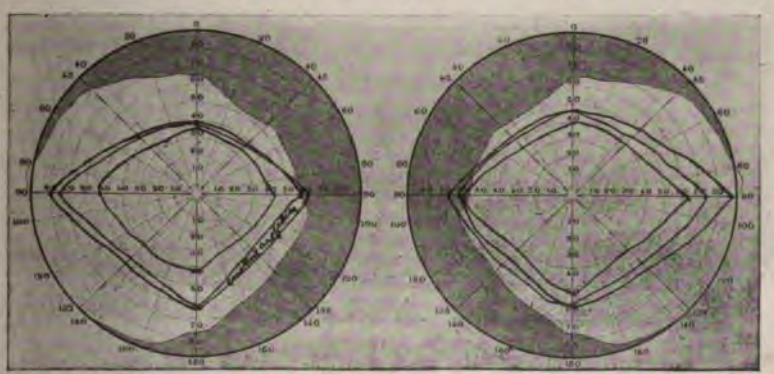
Charts and Tracings



O. D. V= O. G. V=

CHART I.

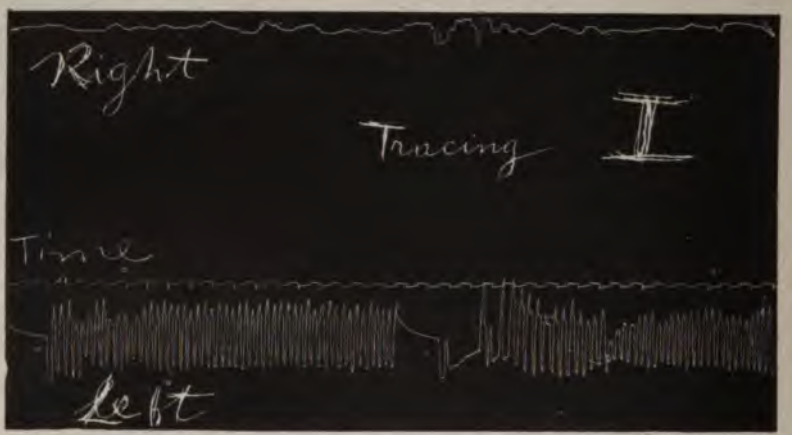
Chart I gives field of vision taken the first few days of treatment. The chart shows gradual enlargement of field.



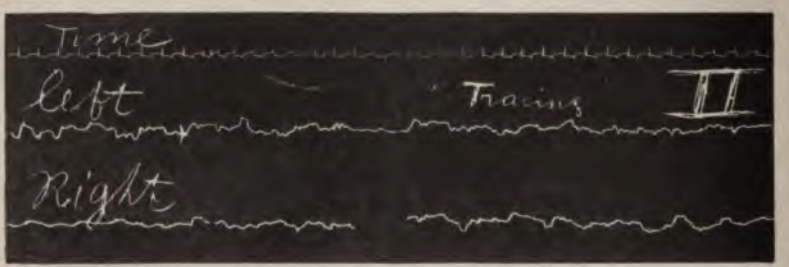
O. D. V= O. G. V=

CHART II.

Chart II gives field of vision taken the last few days before the patient went home. The chart shows an almost normal field. The field of vision became enlarged under the influence of stimulations which the patient regarded as beneficial to her health.



Tracing I shows the tremor of her right and left arm respectively. The upper vibrations are of the right arm, the lower vibrations are of the left arm. The tracing above the lower vibrations is the time line.



Tracing II gives the tremors of right and left arms. The tracing was taken the day before the patient left. Both arms give the same reactions and show no difference in their vibrations and tremors. The upper tracing is the time line.

The case is essentially one of functional psychosis of the Psychosomatic variety (See Sidis, *Symptomatology*). Like all such cases the symptoms manifested are due to Associated Psychopathic Reflexes and instinctive Fear reactions (See Sidis, *Causation*).

I am glad to find that psychologists, such as J. B. Watson, as well as medical men are coming round to my teachings of *Functional Psychosis as constituting at bottom psychobiological, psychopathic Associated Reflexes and Fear Reactions of early life experience.* I devoted to this work years of psychopathological research and clinical labor. It is but just to ask that the results of my long scientific activity and arduous labors in the domain of Psychopathology should not be piled on that heap of Austro-Germanic Pseudo-analysis which is akin to Astrology, Alchemy, Cheiromancy, Oneiromancy, and generally to Mediaeval symbolism, occult exegesis, Oriental mystical interpretation, scholastic allegorical subtleties, and generally to the pseudo-philosophical, pseudo-scientific savage and barbaric speculations and practices of Sympathetic and Imitative Magic. It is but right to ask of the psychologist and psychopathologist as well as of all fair minded medical men that my scientific results in the domain of Psychopathology, such as the Associated Psychopathic Reflexes and FearReactions of Functional Psychosis should be referred to my work to which I had devoted a life time of unremitting research and arduous labor.

SUGGESTIONS FOR A SCHEME OF GRAPHIC REPRESENTATION OF PERSONALITY AND PSYCHOSIS

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THE more one studies the various disorders of conduct included under the heading of insanity, the more one is compelled to regard the make-up or personality of the patient as of paramount importance in determining the picture presented. One and the same disease-process may be associated with the most widely divergent types of clinical "insanity." Not only so, but one symptom-picture may follow any one of a number of different precipitating factors, including such dissimilar conditions as somatic disease and purely psychic difficulties.

It is quite true that irritation and destruction (be it temporary or permanent) of nerve tissue, due to disease, give rise to direct manifestations of such interference with function in the form of excitement, convulsion, sense-falsification, clouding of consciousness, amentia, dementia, etc., which are as a rule readily recognizable as such. The particular grouping of these features depends upon the kind of functional disturbance (*i. e.* whether irritative or destructive) and upon the localization of the damage. But the reactions of the patient under these new conditions, brought about by the disease process, depend in the first place upon his personality or habitual modes of adjustment. Such disease conditions may thus be looked upon as nature's experiments whereby the individual's characteristic modes of reaction, whether inherited or acquired, are brought into prominence.

On the other hand those disorders of conduct which become obvious as the result of psychic difficulty, be this because of inherent difficulty in the situation to be faced or because of poor equipment with which to meet conditions of moderate complexity or even of every-day nature, may be regarded as uncomplicated examples of personal modes of

reaction. This group, probably much the larger of the two, includes those disorders known as functional neuroses and psychoses and offers for study the more severe types of faulty adjustment.

Until quite recent times the psychiatrist has regarded his patients as necessarily subjects of some disease process, more or less mysterious in nature. It is interesting also to notice that in some instances where definite disease-process is actually present, as in the deliria of specific fevers, there has been a tendency to consider these cases as more or less distinct from insanity. Yet, in spite of this consistent attitude and improved methods of study and care, it must be admitted that the recovery rate among the insane has changed but little in many years. Gradually the conclusion is being accepted that the hope for the insane lies in prevention rather than in cure. All recent work in psycho-analysis and allied fields emphasizes the importance of, and the dangers which belong with, failure to satisfactorily meet the demands of libido under the conditions of social life and demonstrate that this can be remedied only by education with the object of establishing some mode acceptable to society and satisfying to the individual. To accomplish this it is obviously essential to be able to recognize faulty habits of adjustment at a stage sufficiently early to permit of some hopes of their modification.

While something has been accomplished towards this end but little use has yet been made of the results of nature's experiments available for study in the hospitals for the insane. One of the reasons for this would appear to be the great difficulty of standardizing the analyses of these conditions and putting them into a form sufficiently concise to be grasped as a whole and thus affording the means for making generalizations. In offering the present suggestions for a scheme having this as an objective I wish it to be clearly understood that it is not presented as a finished product but as a working basis from which to start. I fully realize that it is open to many objections not the least of which is the danger of becoming routine and diagrammatic. This, however, is not inherent in the scheme and would constitute a distinct abuse.

In selecting a skeleton outline for an analytical scheme it is necessary to subdivide by natural lines of cleavage which shall be as free as possible from purely conventional and abstract concepts and shall yet be susceptible of use under the many apparently divergent views of biologic psychology. It must be concise and yet capable of detailed extension in any desired direction. The terms used must be carefully defined and will probably have to be the subject of convention before final adoption. The headings here employed have been used as far as possiblein a literal sense but will be explained in so far as seems necessary.

The analysis is not intended to replace a detailed description which, indeed, is necessary for its making. Not the least advantage which is to be found from its use is the check which it places upon the description of facts which are so often found to be deficient in some particulars when one comes to study them. Let me also insist that the detailed record must contain facts and not merely the opinions of the informants. This is not always an easy task and is one that needs continual emphasis. The charts represent the opinion of the investigator, not of the source of information, but it should be always open to re-statement from the record of fact.

Besides the record of personality as evidenced by reactions prior to "insanity" an effort is also made to analyze the results of examination and observation in the hospital. This can of course be made for any particular period and as frequently as seems advisable. It, therefore, justly deserves the description of "psychosis." With a sufficient number of such records of personality and psychosis it should be possible to determine correlations between traits of personality and features more or less ominous and characteristic of various insanities and also to point out the need for, and the direction of, more detailed analyses along certain lines. The general scheme is outlined below in Chart I which also represents the form on which we have been recording them.

It will be noted that for graphic representation there are shown against each feature under consideration a set of six small squares for personality and a similar set for the psychosis. The presence of any particular quality is indicated

by blacking in the corresponding squares. Since some of these qualities must be present to some degree in all persons it becomes necessary to use some method for designating quantity. Wherever this has appeared necessary the convention has been adopted of indicating an average intensity by blacking in 4 squares, a less than average by 2 and an excess by 6. Wherever the numerical designation has not seemed necessary, that is to say where the particular trait represents a non-essential element, its absence is indicated by leaving the squares blank and its presence by blacking in 4 squares, thus corresponding with the width used as indicative of the average in those designated quantitatively. It may be that it would be better to employ indications of degree throughout but at present this has not seemed necessary.

The headings to the left of the chart represent traits of personality and are applicable in the figures both for personality and psychosis. Those on the right are more definitely technical terms derived from the usual descriptions of features met with in neuroses and psychoses. The separation of these two groups in this way may possibly place undue emphasis upon the conventional distinction between features which may be regarded as within the limits of the normal and those which are definitely pathological, the so-called "symptoms" of insanity. Features listed in the picture of the psychosis under the heading of endowment may well be the direct result of disease and thus strictly pathological but those under the title of adjustments are in all probability merely the outcome of the evolution of traits of personality and are thus pathological only in degree. Indeed, one of the chief objects of this work is to determine what particular modes of adjustment need special care and training because they lead by natural evolution to such conduct as to render the person adopting them incapable of life in society.

The general plan of analysis adopted aims first at a distinction between the endowment of the individual on the one hand and his mode of using this endowment in the struggle for self- and race-preservation on the other. The former represents the tools with which the individual must

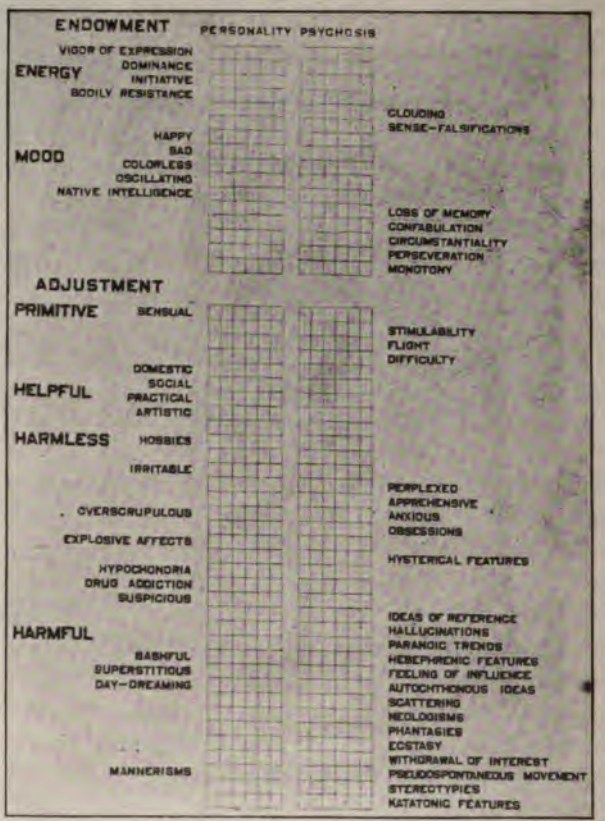

CHART I.

Form at present in use for graphic records of personality and psychosis.

work, the latter the manner of using them which he adopts. Endowment must necessarily be indicated quantitatively.

Every individual is endowed with certain fundamental desires and appetites. It is unfortunate that these words lay stress upon the consciousness of these cravings for they are primarily and essentially inherent in living cells. They represent the effort of life to perpetuate itself. Indeed the evolution of consciousness is the result and not the source of these desires and merely affords better means for accom-

plishing the preservation of self and race. This primitive libido or energy then must be present in all persons, but while it cannot differ in kind it yet may in degree. Our estimate of this degree must be made by a study of the vigor of the reactions which the individual shows and the titles selected seem to be sufficiently explicit to indicate the features which are weighed in reaching a conclusion. It is probably well to insist, however, that in so doing attention is paid, not to the quality of the effects accomplished but, to the energy with which they are carried out. Under the head of "bodily resistance" the points considered are resistance to fatigue, recuperation with rest, tolerance for alcohol or other toxins (*e. g.* the specific fevers), bodily reaction under strains of various kinds, etc.

The second subhead, mood, is to be understood only as covering the general trend and is to be distinguished from affect or emotion which are reactions or adjustments. By the term mood I understand that conscious background which seems to depend upon the degree of functional activity and the relative harmony or disharmony of action between the various functions of the body. No effort has been made to express degree under this heading for the reason that it is difficult to estimate the relation of happiness to sadness as thus understood and the energy involved has already been considered. Instead, the four different headings have been used to cover the various possibilities which may present themselves.

The third subhead is one which, although extremely important, I have not yet succeeded in satisfactorily estimating by historical review of a patient's life. It is a matter of the greatest difficulty to differentiate in analysis between real intellectual endowment and the consequences of variation in energy and modes of adjustment in determining the acquisitions and accomplishments of the patient. All charts thus far constructed have therefore this space left blank and the heading is added only for the sake of completeness.

The additional features under endowment in the column for the psychosis need no explanation and there will, I think, be no objection to the place assigned to them. The subdivision of intellectual dementia here made is perhaps un-

necessarily detailed but is the outcome of a system of symptom-analysis by card-index which we maintained for some time before this present system of charts was initiated.

The portion of the analysis dealing with modes of adjustment is more liable to critical objection and revision for the reason that it deals with much that is but little understood and trenches more closely upon personal views of behavioristic psychology. As will readily be seen the grouping starts with the natural (or extra-social) reactions and then passes to the socially required substitutions. In arranging these some effort has been made to place them in a more or less logical sequence beginning with those more successful and proceeding with a progressively increasing scale of unsatisfactoriness. The earlier examples thus will represent true sublimations, the later more definite failures. This may be regarded as an *a priori* judgment of the problem under consideration but the grouping is of course subject to alteration as the facts become definitely established. Some orderly arrangement was necessary and the one adopted seemed justified by general experience.

Certainly the primitive, frank, sensual modes of reaction and to a considerable extent the helpful substitutions are used more or less by all persons. Hence it has seemed necessary to estimate these features in a quantitative manner and the same convention has been adopted as in connection with endowment. All others are indicated merely as forming a definite part of the individual's habits of adjustment or as being absent.

Under the heading of sensual are to be included the entirely frank, natural gratifications of libido so characteristic of healthy childhood which are more or less banned by society and hence must be sublimated. The questions considered under this heading seem sufficiently obvious to require no special discussion here. The very essence of them is frankness. Under psychosis in connection with sensuality have been added distractibility, flightiness and so-called retardation or difficulty of reaction which seem to me to represent exaggerations in this sphere.

The sublimations or balancing factors are grouped under the title of helpful substitutions. They represent

direction of energy into various channels here designated as domestic, social, practical and artistic. These interests are described as helpful, and this result of analysis should only be reached where the following holds true, for the reason that they represent modes of adjustment which serve the purpose of satisfying desire and at the same time promote the welfare of society. In weighing the value of such efforts at adjustment consideration must be given to the frankness with which they are made. Especially with the group designated "artistic" is this true. It is quite possible to simulate an interest in such matters as a cloak for a failure to make any real adjustment at all. The test in every case must be real accomplishment or activity in the field selected, mere dreaming along such lines cannot satisfy the craving for action which is the prime meaning of desire. Errors will probably be made with considerable frequency in using this column but necessarily such pseudo-interest and failure of adjustment will be further evidenced by the presence of activities which will fall into the category of harmful substitutions.

The next subhead is that of harmless substitutions by which are meant those activities which are capable, when frankly adopted, of affording some degree of compensation or outlet for the energy which is socially prohibited in its natural form but which represent no real gain to society although they bring no reason for conflict with social law. They will thus include interests which are often called hobbies such as collecting, the adoption of animals, etc.

The last group of harmful substitutions is by far the most important from the standpoint of the sociologist and psychiatrist. They are called harmful for the reason that they do not accomplish the sublimation desired and serve to bring the individual more or less into conflict with his environment.

The first of these, "irritable," seems fairly free from possible misunderstanding and represents the substitution of aimless activity for a frank and purposeful method of dealing with a given situation of more or less emotional coloring. Irritability in the place of frank emotion accomplishes nothing except to provide an outlet for energy and

illustrates in an extremely simple manner what is meant by substitutive types of reaction. Persons who adopt such modes are, for some reason, unable to meet difficulties squarely and as some reaction is imperative they merely move instead of acting. Obviously such inadequate responses are very frequent and, in deciding that these traits are a characteristic of any given person's habitual way of dealing with situations of more or less difficulty, care must be exercised in studying the facts.

Next to this has been placed "over-scrupulous." By this we mean to include those tendencies to hesitate over a decisive action, to worry over the facts and to question the adequacy of any response which may have been made. The chief characteristic is thus an indecision, always accompanied by more or less futile worrying and a tendency to great exactitude in detail whereby the situations to be faced are kept as constant as possible.

Under the heading "explosive affects" are included severe emotional reactions upon slight occasion, tantrums, more or less transient enthusiasms such as religious fervor, etc. Everyone is more or less liable to outbursts of intense emotion on occasion and the recognition of such features as a factor in the personality must depend upon a study of the relation of the reaction to the situation calling it forth and the frequency or habitualness of such exhibitions.

"Hypochondria" is understood as a failure to face actual conditions with the substitution of an explanation in the form of bodily incapacity which avoids the necessity for direct reaction and at the same time gives a reason for the failure to obtain true satisfaction and the consequent emotional distress.

"Drug addiction" has been given a special place but is to be designated only where there is evidence in the mode of its use that it has been adopted as a substitute for adequate adjustment.

The term "suspicious" covers the tendency to translate failures in accomplishing results into interference on the part of others and to see a meaning in happenings which so alters the facts of the situation as to render frank adjustment to the real facts more or less impossible. With this

type of adjustment there is perhaps less appearance of indecision and ineffectiveness than in some others for the reason that the reactions made are appropriate to the situation as it appears to the actor and thus more or less orderly and purposeful. The substitution seems, as it were, to take place in the grasp of the problem instead of in the mode of adjustment.

By "bashful" is understood the awkwardness and gaucherie when face to face with reality which are so often seen as a temporary adaptation in the adolescent period of life. It needs no further description but should be used only where this seems to be an habitual reaction. It would unquestionably be a relatively constant feature in charts made during adolescence. It is quite possible that this is given a place too low in the scale.

"Superstitious" is applied to a tendency to ascribe personal failures to unknown influences which thus lessen responsibility and avoid the need for self-reliance and definite decision. Under this heading will come some forms of so-called religious observance in which the beliefs play the part of subterfuge excuse instead of frank and helpful activities which we would class with artistic or perhaps social interests. This illustrates well the need for a close analysis of the facts stated by informants before deciding the value to be ascribed to any particular descriptive adjective.

"Day-dreaming" and "mannerisms" are perhaps the most difficult of all to clearly define. The former quite obviously applies to the tendency to seek the gratification of desires by imagining the end as accomplished. But the chief result upon the individual's conduct and appearance as viewed by the onlooker is simply one of retirement from contact with definite activities and thus there is given a decidedly negative tone to the character. It will be necessary to deduce the fact of dreaming by weighing all facts available, including the apparent mood and the actual accomplishments which result from the abstraction. By mannerisms are to be understood the various odd and perhaps, on the surface, inexplicable habits of speech and conduct which seem peculiar to this particular individual. As with all other features, it is important to study the meaning

of such habits in relation to the situations which call them forth and not merely to accept blindly an opinion by the informant as to the presence or absence of such traits.

The technical terms used in the right hand column are fairly generally understood and do not require special definition in this paper. It is true that some are very broad such as "hysterical features" by which one would understand the presence of convulsions, anaesthesia, spasm, paralysis, etc., of hysterical type, while others are more detailed. The reason for this dissimilarity lies mainly in personal interests on the part of the writer. It may be well to explain, however, that the term hallucination is here used in a sense somewhat more restricted than is usually given to it. The writer has been in the habit of including under this name only those forms which do not depend upon falsification of sense perception, experienced characteristically in connection with clouding of consciousness and intoxication. Hallucinations, in contradistinction to sense-falsifications, of this type have been included with autochthonous ideas, ideas of reference and pseudo-spontaneous movements as intrapsychic falsifications and it is in that sense that the term is applied in this outline.

In order to illustrate the use of the system a few specimens are here appended. Chart II represents the analysis of a clear-cut example of a manic-depressive exaltation. The predominance of frank features is striking, especially when contrasted with Chart III which represents a case of hebephrenic dementia praecox. The lack of energy in the latter and the predominance of efforts at sublimation along artistic lines is clearly shown. The failure is also indicated by the adoption of harmful substitutions.

In Chart IV is depicted an example of a paranoid reaction in which some of the same elements noted in Chart III are also seen but in which there is a striking difference in regard to energy endowment which seems to be an important factor in determining the character of the picture.

Chart V represents the analysis of a case of very complex type in which the clinical classification has been made of a mixed form of a manic-depressive reaction although some have regarded it as a dementia praecox reaction. The

analysis here made seems to show features belonging to both frank and shut-in types of personality with again an excess of energy.

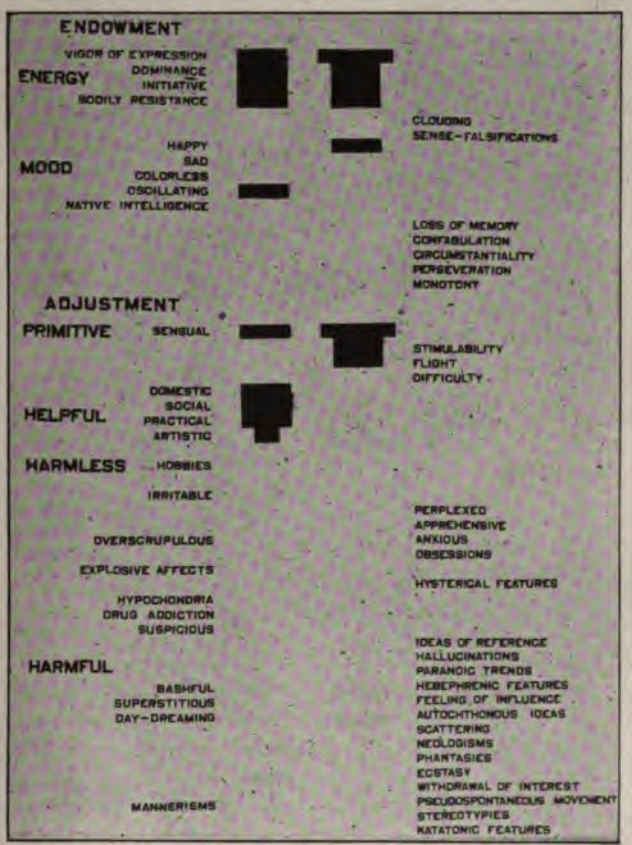

CHART II—Analysis of a case of manic excitement.

Finally in Chart VI is shown a composite picture made up from the analysis of 25 unselected cases of dementia paralytica. The size of the shaded areas represents the average of all cases and one can readily see how such pictures can be used for sorting out the essential from the accidental

manifestations of the disease. The loss of endowment and interest is obvious and there are certain added features belonging to the manifestations of intoxication. The cases

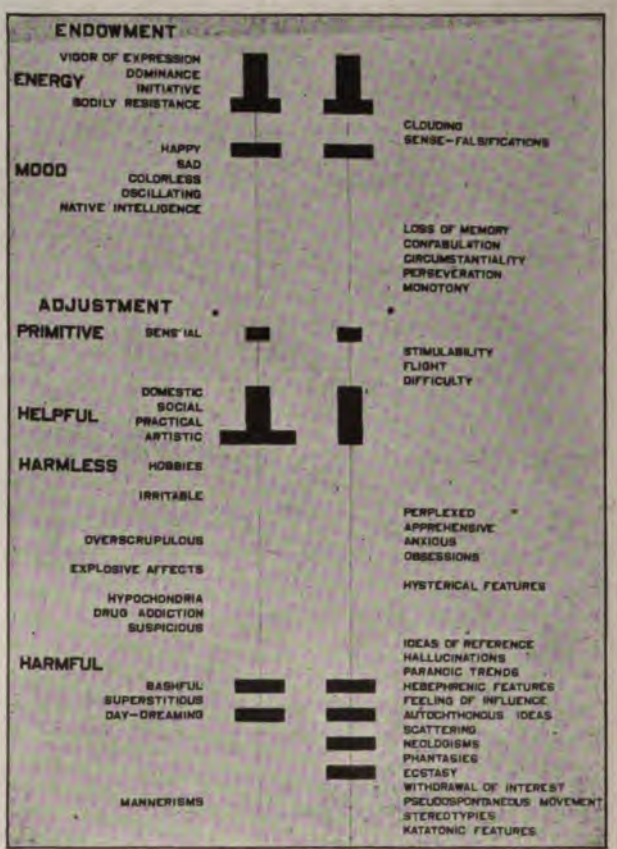

CHART III—Analysis of a case showing a hebephrenic type of dementia praecox reaction.

from which this chart was made were unselected but it is obvious that correlations can well be illustrated by selecting some certain features and combining all cases showing this

feature and comparing with one from those in which it was absent.

The object of this paper, however, is not the demonstration of special traits for which much more time and work are

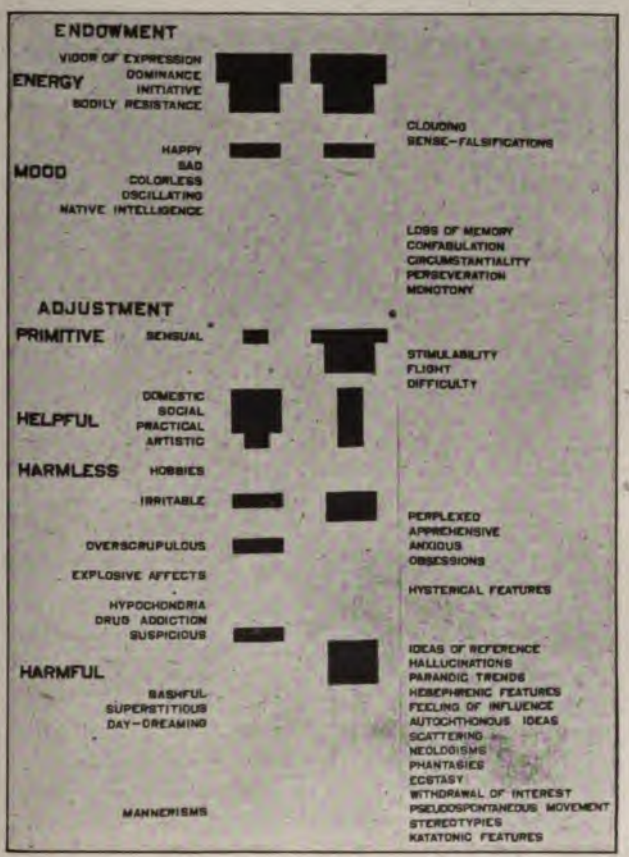

CHART IV—Analysis of a case showing a paranoid type of reaction.

needed, but the illustration of the method. It is offered with the hope of securing suggestions and criticisms. Similar schemes with different headings might well serve to determine the selection of a form which could become standardized.

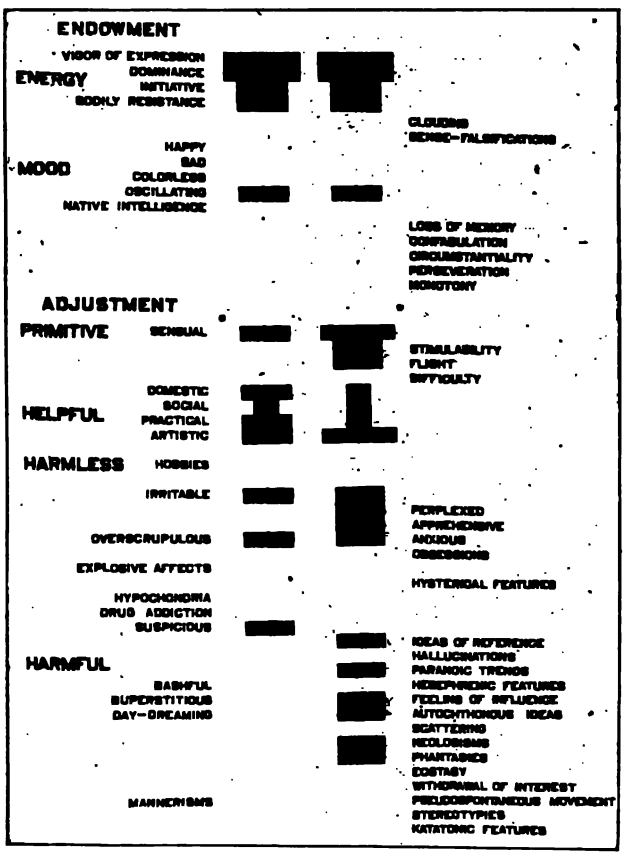

CHART V—Analysis of a case presenting a complex type of reaction.

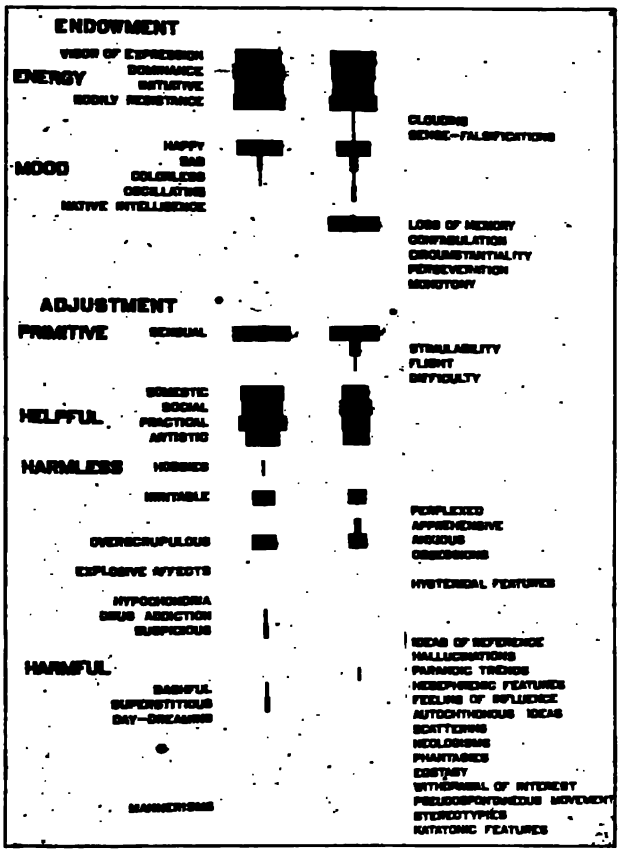

CHART VI—Average of 25 unselected cases of general paralysis of the insane.

DISTINCTIVE FEATURES IN PSYCHOLOGICAL TEST MEASUREMENTS MADE UPON DEMENTIA PRAECOX AND CHRONIC ALCOHOLIC PATIENTS[1]

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THUS far psychological methods of measuring intelligence have been developed almost wholly according to the needs of work with the feeble-minded. However, problems suggesting mental measurement are also frequently presented by psychotic cases. A feeble-minded basis for the disease is often suspected. Some measurement of mental deterioration would in other instances be of distinct value. Numerous attempts to employ the routine tests for feeble-mindedness in dealing with such cases have proved their inadequacy; it seems clear that for use with psychotic cases a group of tests especially organized for the purpose is necessary. A study of the general problem of mental measurement of psychotic patients was therefore proposed to the writer by Dr. R. M Yerkes, as part of the psychological research program at the Boston Psychopathic Hospital. The present paper is a first report on this work.

Such a group of tests must evidently be adapted to meet a wide variety of conditions. The problem presented the psychological examiner by a psychotic patient may be found very different at different stages of the disease. Different mental diseases may require largely different methods; it may appear that wholly different groups are needed for special diseases or stages. Or the same disease

[1]Paper presented at Conference on Methods of Psychological Examining October 28, 1916. Waverley, Mass., being Contribution of the Massachusetts Commission on Mental Diseases, whole number 182 (1917 .2). The previous contribution, 167 (1917 .1) was by R. M. Yerkes and C. S. Rossy, entitled "A Point Scale for the Measurement of Intelligence in Adolescent and Adult Individuals, to appear in the Boston Medical & Surgical Journal, April, 1917.

may conceivably be discovered to affect different individuals in varying ways to such an extent as to make the use of any closely organized routine examination impossible. But a mental disease also shows many important features whose right to play a part in the determination of a mental rating (supposed to take account only of intelligence) could very well be questioned. These features are in fact often transitory, and symptoms merely of a particular stage of the disease. No examination can of course be made unless the patient is quiet and cooperative. But he may still be negativistic, may be too absorbed with his delusions to give adequate attention to the tests, may perhaps be hallucinated, may be in an emotional state which prevents satisfactory work. Means of taking account of such factors must be found, or tests used which are relatively little affected by them. The situation is extremely complex, and as yet little analyzed so far as the problems of the psychological examiner are concerned. Under these circumstances any direct attack upon either of the two questions mentioned above, of previous mental level and of present mental loss, was clearly impossible in the first handling of material. A preliminary study to give a general survey and orientation, and discover the best methods of approach, was necessary.

The work here reported was planned as such a first sampling of materials and trial of methods. The cases were examined with the Point Scale plus certain supplementary tests (mostly of the Healy group). The cue as to method of handling data was taken from the problem which at once presents itself when, in practical work, such a routine examination is given to a group of psychotics. A large proportion grade as feeble-minded. In a given case, the question immediately arises as to whether the low grade is due to the mental disease or to primary amentia. The present study is concerned with this question. A means of answer should be obtained by comparing the results given by a group of individuals who had developed to the adult level of intelligence, but now because of mental disease grade as feeble-minded, with results from individuals of like mental age known to be cases of primary amentia. Such a comparison might bring out some features characteristic of the psychotic

group, and suggest means by which still more distinctive results might be obtained.

The problem of the paper, as thus set, required psychotic cases grading as feeble-minded and presenting histories indicative of the previous attainment of adult intelligence. The selection was finally limited to examinations yielding mental ages from eight through twelve years by the Point Scale. Illiterate cases, those with a language handicap, also some whose condition at the time of examination was such as to make its validity questionable, were excluded. The elimination of certain cases whose histories suggested a feeble-minded basis for the psychosis would also have been desirable theoretically. The majority of these had already been excluded from the tables by the requirement that, in spite of the diseased condition, the patient must grade above eight mentally, and by the rejection of illiterates. No further satisfactory criteria for the elimination of such cases could be found. The tables doubtless include a few patients originally subnormal. But this can not do more than render differences less apparent. The large majority of the histories give indications of a previous mentality well up to normal. As a whole, then, the cases make up a group which had developed clearly above a feeble-minded level.

Of the total group, fifty had been diagnosed as dementia praecox. Their average age was thirty, the ages ranging from fifteen to fifty-five—their average mental age was 10.5. Twenty-five were chronic alcoholics. This sub-group was too small to have much significance by itself, but appeared of decided interest for purposes of comparison with results from the dementia praecox cases. The average mental age was practically the same, 10.9. But the average chronological age was twelve years more—forty-two; the range was from twenty-five to sixty-three years. More important, however, was the difference in time of examination with relation to the course of the disease. The majority of the dementia praecox cases at the Psychopathic Hospital appear there at the time of first onset of the psychosis; though the disease has presumably been in progress for a considerable period previous to this, its actual disintegrating effect upon the mentality has only recently become noticeable. But

the active psychotic symptoms are numerous and varied. The patient is probably deluded, perhaps hallucinated, shows emotional abnormalities. With the chronic alcoholic the situation is largely reversed. He is not brought to the Hospital until his condition has gone from bad to worse as the result of years of dissipation. The number of active symptoms, however, is much less, the chief evidence of psychosis being the gradual deterioration.[2] Any agreement between the findings on the two groups will thus be of decided interest. It would suggest that the problems of test measurement may not be so different with the different types of psychoses as at first would appear likely,—that largely similar methods of attack might then be used, at least in the first handling of materials.

Differential features in the results given by these psychotic cases as against results from the feeble-minded, were sought in four ways. First, the average psychotic performance on each test of the Scale was compared with average feeble-minded performance.[3] Second, the average psychotic and the average feeble-minded showings on the scale were compared with the average normal. Third, the amount of scatter about their mean shown by one group of the psychotics was compared with the scatter shown by an equal number of feeble-minded cases. Fourth, the showing of the psychotic patients on the supplementary tests was compared with the average performance on these tests.

In order to get at possible distinctive reactions to the separate tests of the Scale, the score made by each psychotic case on a given test was compared with the average score made by a group of feeble-minded cases rating at the same mental age. If for instance, a dementia praecox patient making a mental age of 11.8 on the Point Scale scored five points on test nineteen, this would be compared with the average score—2.6—on test nineteen made by defective cases giving a mental age of 11.8. The dementia praecox is then given plus 2.4 on this test. And the algebraic sum of

[2]Only cases diagnosed simply as chronic alcoholism were used; diagnoses of alcoholic hallucinosis, alcoholic delusional insanity, etc., were excluded.

[3]Work done by Dr. J. N. Curtis on two hundred cases at the Waverley School for the Feeble-Minded.

plus and minus variations credited the fifty dementia praecox patients on test nineteen shows the tendency of the group on this test. These results, expressed as per-cents of the average feeble-minded score, which the psychotics make on each test of the Point Scale, are presented in the following table:

TEST[4]	1	2	3	4	5	6	7	8	9	10
Dem. Prae.	1.00	1.02	.98	1.10	1.05	(1.21)[5]	1.00	.89	.86	1.02
% bal. + or —	—	+24	1—	20+	36+	(4—)	12+	8+	36—	4+
Alcoholics	1.00	.93	.97	1.00	1.04	(1.15)[5]	.86	1.12	.96	1.04
% bal. + or —	—	16—	—	4+	20+	(12+)	60—	28+	12—	20+
TEST	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**
Dem. Prae.	.96	.99	.83	.95	.98	.52	.88	1.23	1.55	1.01
% bal. + or —	24—	36+	8—	26—	20+	40—	28—	—	38+	16—
Alcoholics	1.02	.86	.95	1.04	1.19	.32	1.30	1.15	1.87	1.11
% bal. + or —	36+	12—	—	12—	60+	84—	52+	20—	52+	12+

With the small number of cases used, only marked variations can be considered significant. Variations over fifteen percent should, however, be well out of the range of purely chance distribution; all such variations are underlined. As a rough measure of the constancy of the tendencies the balance of plus and minus signs is used, and a balance of more than thirty percent one way or another again underlined.

The interesting features of the results are the surprising difficulty (53% and 32% of the average for the primary

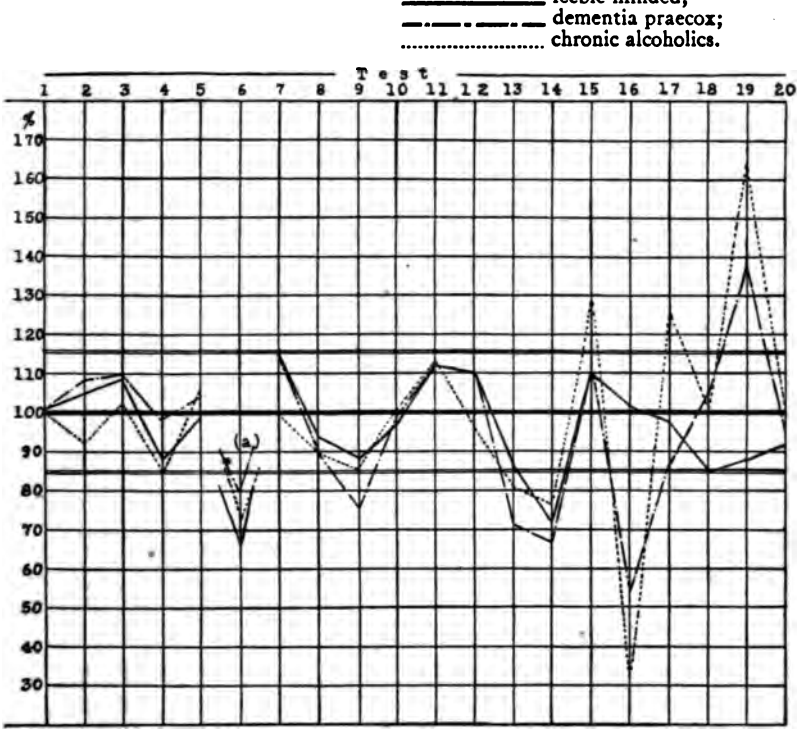
[4]The tests of the Point Scale are as follows; (1) chooses prettier of three pairs of pictures; (2) sees picture lacks arms, nose, etc.; (3) compares lines and weights; (4) memory span for digits; (5) counts backward 20-1; (6) memory span, sentences; (7) Reaction to Binet pictures; (8) arranges weights in order; (9) compares apple and banana, etc.; (10) defines spoon, chair, etc., (11) line suggestion test; (12) copies square and diamond; (13) free association for three minutes; (13) writes sentence containing Boston, money, river; (15) comprehends questions—what woul you do if you missed your train, etc.; (16) draws Binet figures from memory; (17) sees absurdities; (18) puts dissected sentences together; (19) defines charity, obedience, etc.; (20)completes analogies—oyster is to shell as banana is to—etc.

[5]Due largely to a change in scoring: of only comparative significance.

aments) shown by both groups of psychotics in test 16, drawing the Binet figures from memory, and the marked superiority (1.55% and 1.87%) over the feeble-minded

POINT SCALE TESTS

Variation from scoremade by average normal of the same mental age given by groups:



Variations given as per-cents of average normal score.

(a) due largely to a change in methods of scoring, of only comparative significance.

cases in test 19, defining abstract words.‡ The dementia praecox show a distinct, though less striking peculiarity in their slowness of free association; the alcoholics are separated

‡It is interesting to note that this test is (table 30, p. 123 of "A Point Scale for Measuring Mental Ability") one of the most conclusive in its indication of good mental level with normal children. There is no score till the ninth year, and the averages then run: .9, 1.6, 1.9, 3.3, 3.9, 4.0, 4.0 for the years nine to fifteen inclusive. Its emergence again, in a study of psychotics, as a test of special diagnostic value has made it seem worth while to try to develop it further; a special supplementary test of this nature is now being tried out.

off from the dementia praecox by their more ready response to "comprehension of questions" and to "absurdities."

The second question taken up, was as to whether the psychotics showed consistent differences, as compared with the feeble-minded, in their variations from the average normal of the same mental age.[6] The data has been handled as before except that the average normal instead of the average feeble-minded score is taken as a basis. And the results are graphed in order to make them more readily grasped as a whole. Variations over fifteen per cent are here marked off by the two double lines.

The feeble-minded cases show only one variation over 15%. This is on test 14 (making a sentence containing Boston, money, river); their score is 73% of normal. On the other hand, the dementia praecox give five such variations. They score 77% of normal on test 9 (comparisons), 71% on test 13 (free association for three minutes), 67% on test 14, 54% on test 16 (drawing Binet figures from memory), 1.38% on test 19 (definition of abstract words). The alcoholics average 77% on test 13, 1.29% on test 15 (comprehension of questions), 32% on test 16, 1.25% on test 17 (understanding absurdities), 1.64% on test 19,—again five variations over 15%. The psychotics thus show both more frequent and greater variations from the average normal of the same mental age than do the feeble-minded.[7] Furthermore, the results from the two groups of psychotic cases agree surprisingly.

So far, the paper has dealt with the average tendencies of the two groups. These averages have been found to differ markedly in certain respects from the average for feeble-minded individuals of the same mental age. But a greater variation around their averages might also be expected to characterize the psychotics, due to different stages of the disease in which different patients might be at the time of examination, and different effects which it might have on different individuals or other similar causes. Some estimate

[6]The data of table 30 of "A Point Scale for Measuring Mental Ability" were here used.

[7]It will be observed that the upper end of the Scale is the differential portion. The first twelve tests show little sensitiveness.

of the amount of such scattering appeared worth attempting. The twenty-five alcoholics were, therefore, paired each with a primary ament whose score totalled exactly the same number of points, and the average of each group, for each test was found. The mean variation of each group from its own average was then worked out. Due probably to such causes as those mentioned above, the alcoholics show 17% more fluctuation about their group average than do a comparable group of feeble-minded cases.[8]

A fourth attempt to distinguish the examinations given by the psychotic cases was made by a study of the reactions to certain supplementary tests. These were for the most part, as has been said, of the Healy group. Usually not all the tests were given; the following were, however, tried often enough to make the results interesting.[9]

Picture form board (foal and mare—Healy). Dementia praecox 32 cases, alcoholic 17. Each group averaged two more moves with the triangles. The dementia praecox also took two more main moves. There was no clear difference in time taken to do the test.

Construction puzzle A (Healy). Dementia praecox 43 cases, alcoholics 22. The psychotics average a move less, but take 15″ longer.

Construction puzzle B (Healy). Dementia praecox 41 cases, alcoholics 20. The dementia praecox took five more moves, 30″ more; the alcoholics two more moves, 1′ longer.

Apperception picture puzzle (Healy). Dementia praecox 42 cases, alcoholics 22. The psychotics averaged one less correct move; the dementia praecox took 30″, the alcoholics 1′ 30″ more time.

[8]The twenty-five alcoholics showed a total variation from average normal of the same mental age 32% greater than did the strictly comparable twenty-five cases of primary amentia.

The distribution of the scores within the Scale clearly is often quite as important as the mental age or total rating. The writer would like to see all reports of Point Scale results include some statement of such "irregularity." We might expect the report on a feeble-minded case to read, say "Mental age 11.8, irregularity 12 points," where the report on an alcoholic would be "Mental age 11.8, irregularity 18 points." But of course there are, at present, no data for the interpretation of such findings. The subject of distribution of score within the examination has certainly not received the attention it deserves.

[9]The comparisons are with average performance for the same mental age, as given in norms for these tests recently worked out at the Hospital.

Visual Verbal memory passage (Healy). Dementia praecox 28 cases, alcoholics 15. The psychotics averaged two less details, took 15″ less.

Auditory verbal memory passage (Healy). Dementia praecox 32 cases, alcoholics 19. The dementia praecox give back two less details, the alcoholics one less. Time showed no clear variation.

Learning test—arbitrary associations (Healy). Dementia praecox 32 cases, alcoholics 19. The psychotics average two less details.

The special contribution of the supplementary tests to the examination is made by the tests of procedure (the picture form board and construction puzzles—also, if so used the apperception picture puzzle.) The tests of the Scale score merely end product, not method. The peculiarity of method—or lack of method—shown by the psychotics on these procedure tests was often the most distinctive feature of the examination. This is not sufficiently described by those elements (time and number of moves) for which norms are available. Clearly illogical moves, impossible moves, obvious repetitions, exceptionally fast or slow ways of working, frequent failures, are characteristic of psychotic attempts at these tests. Patients grading relatively high on the Scale frequently give a performance on these puzzles which can be matched only among the low grades of the feeble-minded.

The paper may be very briefly summarized. The results given by a group of psychotic cases on certain psychological tests differed from those given by feeble-minded cases grading at the same "mental age" in the following four ways:

(1.) The reaction to certain tests of the Scale was strikingly different. Ability to define abstract words was greater; capacity to grasp, retain, and reproduce somewhat unfamiliar memory material was less.

(2.) There was on the tests of the Scale a greater consistent total variation from the average normal of the same mental age.

(3.) There was more individual variation from the average for the group.

(4.) There was a distinctive reaction to tests of procedure.

These results are based on too inadequate data to be of more than the most general significance; a later report is planned to include the large number of psychotic cases being examined with the same tests during the present year. In any event, the tests which appear differential are all too small, and too subject to the chance error of the examination, to allow of any conclusions being drawn from them in particular cases. But as suggesting lines of work which might lead to tests more adequate for such practical purposes, they would seem of definite value. They suggest that the distinction between true primary aments and those cases grading low because of mental disease might be made more definite, (a) by developing tests (analogous to test 19, definition of abstract words) not requiring new adjustment, but rather drawing upon previous acquisitions of an adult level; (b) by setting over against these, more satisfactory tests of attention and of learning; (c) by using more tests that score procedure as well as end product.

Work along each of these three lines is now being carried on at this Hospital.

REVIEWS

NERVOUS AND MENTAL DISEASES. *By Hugh T. Patrick, M. D., and Peter Bassoe, M. D., with the collaboration of Lewis J. Pollock, M. D. Volume X of the Practical Medicine Series, 1916, under the general editorial charge of Charles L. Mix, A. M., M. D., Chicago.* The Year Book Publishrs. Price $1.35.

This is the latest number of this yearly publication, which is a review of selected articles on selected subjects in the field of neurology and psychiatry for the year 1916. There are abstracts of articles dealing with a wide range of subjects, including symptomatology, the neuroses (epilepsy, hysteria, chorea, and other neuroses), the cerebrospinal fluid and diseases of the meninges (including cerebrospinal meningitis), the syphilitic diseases of the nervous system, diseases of the brain (including vascular diseases, miscellaneous brain disorders, tumors and abscess of the brain, the basal ganglia, hypophysis, pineal gland and cerebellum), diseases of the spinal cord and of the peripheral nerves, and other topics of interest in pure neurology, and of various diseases in the field of psychiatry.

The authors have shown good judgment in the selection of the material used for abstract purposes, and in briefly presenting the gist of the articles chosen for review. Although this volume has been prepared primarily with the needs of the average general practitioner of medicine in mind, nevertheless the subjects given the most prominent consideration are just those which are of the greatest interest to the specialist in the field of neurology and psychiatry.

MEYER SOLOMON.

LEONARDO DA VINCI. A PSYCHOSEXUAL STUDY OF AN INFANTILE REMINISCENCE. *By Professor Dr. Sigmund Freud, LL. D. (University of Vienna). Translated by A. A. Brill, Ph. B., M. D., Lecturer in Psychoanalysis and Abnormal Psychology, New York University, New York.* Moffat, Yard & Company, 1916. Price, $1.25 net.

This is one of the works of Freud which has recently been translated into English by his faithful translator, Brill. It is a truly remarkable document. In it Freud has boldly attempted to enter the field of biography from the standpoint of psychoanalytic interpretation, and has chosen as his victim the great Leonardo. Freud does not mince words in this discussion but unearths the driving forces which he deems responsible for the peculiarities of

character which have been unearthed or discovered by da Vinci's biographers. Naturally da Vinci's career is scrutinized with an all-powerful eye (psychoanalytically), various interpretations are given for certain trends in the painter's life and works, even for the much-heralded Mona Lisa smile, and, with the help of what is called the infantile vulture memory or phantasy of Leonardo, plus the addition of other points in his life, ingenuously interpreted and worked into the general scheme of things as he would have it (so it appears to me), Freud has found little trouble in reducing the whole business to the usual sexuality, especially of the incest and homosexual types.

Freud has interpreted aright the impression a reading or study of this work will have on the average person, when he states that one may conclude that he (Freud) has after all written nothing more than a psychoanalytic romance. And so, indeed, it appears to me. For, truly, it is difficult for me to believe that Freud really believes that what he has written is the actual, scientific truth. It makes one almost feel that Freud was romancing, was having a little fun with himself and da Vinci, was seeing just how close-fitting a story he could write in applying his theories to the great painter.

Of course Freud's efforts are not scientific. He says so and so is true, and that is all there is to it. Naturally he does support his views by a few facts here and there, culled with an eye to its fitting in some way or other into the romance which he has built up about the life of a great man, and so ingenuously planned and worked out, that one really marvels at the peculiar working of the remarkable mind of Freud—at his wonderful, though too oft uncritical imagination.

To be sure, all readers, whether believers, non-believers or partial believers in Freud, will want to read this production from his pen. All will find it of interest, especially if one views it as the remarkable romance produced by the remarkable mind of Sigmund Freud.

MEYER SOLOMON.

WHAT IS PSYCHOANALYSIS? *By Isador H. Coriat, M. D., New York.* Moffat, Yard & Company, 1917. 75 cents net. Pp 127.

This is a sort of quizz compend on psychoanalysis. It consists of a series of questions and answers pertaining to psychoanalysis. It seems to have been written primarily for non-medical readers. The questions and answers are short and to the point. The author adopts a strictly orthodoxly Freudian standpoint throughout. This means, of course, that many of us cannot agree with many of the statements made in this work.

MEYER SOLOMON.

NOTES

REPORT OF COMMITTEE OF THE NEW YORK PSYCHIATRICAL SOCIETY ON THE ACTIVITIES OF "CLINICAL PSYCHOLOGISTS"

At a meeting of the New York Psychiatrical Society held December 6, 1916, a committee was appointed to inquire into the activities of psychologists and more particularly of those who have termed themselves "clinical psychologists" in relation to the diagnosis and treatment of abnormal mental conditions. This committee desires to make the following report.

We have been greatly impressed by the earnestness and success with which psychologists are endeavoring to make their science serviceable in dealing with the practical affairs of every-day life. We wish to record our belief in the wide usefulness of the application of psychological knowledge and of the findings of certain psychological tests in such fields as the modification of educational methods with reference to individual differences, the vocational problems presented in various special industrial operations, the development of scientific methods in advertising, salesmenship and other means of business appeal and in the investigation of such special problems as the relation of environmental factors to the quality and quantity of the output of the individual. We feel that the results to be attained in these fields fully justify the belief that the widening of the scope and application of psychological knowledge will make psychology one of the most useful of the social sciences instead of a narrow field for study and research with but little actual contact with the practical problem of life.

We have observed with much distrust, however, the growing tendency of some psychologists, most often, unfortunately, those with the least amount of scientific training, to deal with the problem of diagnosis, treatment, social management and institutional disposal of persons suffering

from abnormal mental conditions. We recognize the great value of mental tests in determining many questions which arise in dealing with such patients but we have observed that most of such work which is being done by psychologists and particularly by persons whose training in psychology is confined entirely to learning how to apply a few sets of these tests, is carried on in schools, courts, correctional institutions and so-called "psychological clinics," quite independently of medically trained workers who are competent to deal with questions involving the whole mental and physical life of the individual.

We believe that the scientific value of work done under such conditions is much less than when carried on in close co-operation with that of physicians and that serious disadvantages to patients suffering from mental disorders and to the community are likely to result and, in many instances which have come to our attention, have resulted. This is true especially when the mental condition of the patients examined involves questions of diagnosis, loss of liberty or educational issues more serious than redistribution of pupils or rearrangement of courses of study. In spite of these facts two States have enacted laws permitting judges to commit mentally defective persons to institutions upon the so-called expert testimony of "clinical psychologists" regarding the abnormal mental conditions from which the patients are alleged to suffer. We believe that the examination upon which a sick person is involuntarily committed to permanent institutional custody is one of the most serious responsibilities assumed by physicians and that in no cases whatever should it be entrusted to persons without training enabling them to take into consideration all the medical factors involved. The same is true of mental examinations of juvenile delinquents and criminals whose whole careers depend, in many cases, upon the determination of their mental condition.

We desire to make the following specific recommendations:—

1. We recommend that the New York Psychiatrical Society affirm the general principle that the sick, whether in mind or body, should be cared for only by those with medical

training who are authorized by the State to assume the responsibility of diagnosis and treatment.

2. We recommend that the Society express its disapproval and urge upon thoughtful psychologists and the medical profession in general an expression of disapproval of the application of psychology to responsible clinical work except when made by or under the direct supervision of physicians qualified to deal with abnormal mental conditions.

3. We recommend that the Society disapprove of psychologists (or of those who claim to be psychologists as a result of their ability to apply any set of psychological tests) undertaking to pass judgment upon the mental condition of sick, defective or otherwise abnormal persons when such findings involve questions of diagnosis, or affect the future care and career of such persons.

CHARLES L. DANA, Chairman.
ADOLF MEYER,
THOMAS W. SALMON.

BOOKS RECEIVED

Psychic Phenomena Science and Immortality. By Henry Frank. Sherman French & Co., Boston. 2nd Ed. Pp. 556. $2.50 net.

Eighth and Ninth Annual Report of the Municipal Court of Chicago. December, 1913 to December, 1915 inclusive. Pp. 153.

A Study of Perseverance Reactions in Primates and Rodents. By G. V. Hamilton. Henry Holt & Co. Pp. IV and 65. $.75.

The History of the Psychoanalytic Movement. By Prof. Dr. Sigmund Freud. Nervous and Mental Diseases Monograph Series, No. 25. $.60.

The Mentality of the Criminal Woman. By Jean Weidensall. Warwick & York. Pp. XX and 332. $1.75.

Study of Organ Inferiority and its Psychical Compensation. By Dr. Alfred Adler. Trans. by Dr. Smith Ely Jelliffe. Nervous and Mental Diseases Monograph Series No. 24. Pp. 86. $1.50.

Mental Conflicts and Misconduct. By William Healy. Little Brown & Co. Pp. XI and 330. $2.50 net.

The Psychology of Special Abilities and Disabilities. By Augusta F. Bronner. Little Brown & Co. Pp. VI and 269. $1.75 net.

Man's Unconscious Conflict. By Wilfred Lay. Dodd Mead & Co. Pp. VI and 318. $1.50 net.

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ORIGINAL ARTICLES

SYMPOSIUM

THE THEORIES OF FREUD, JUNG AND ADLER*

I. The Work of Sigmund Freud

BY JAMES J. PUTNAM

WHAT are the features of the work of Sigmund Freud[1],—that is, of the psychoanalytic movement, —which will make it of enduring value; and what are its weaknesses and false aims? Finally, what justification was there for the defection of Adler and of Jung,—events which must be rated as of marked significance?

The present seems a fitting time for making these inquiries, for the psychoanalytic movement has been subjected to severe criticism for many years, and yet is slowly, but steadily, attracting more attention, not only from physicians and from patients, but also from psychologists.

Its elements of strength, which have secured for it a lasting place, are, first, that it has demonstrated afresh, from a relatively new standpoint and with a marvellous

*Presented at the Eighth Annual Meeting of the American Psychopathological Association, Boston, Mass., May 24, 1917.

[1]For brevity's sake, I have made no attempt, in this short communication, to assign to the several members of the able group of men who have worked hand in hand with Freud, the recognition which is their due. I trust that this omission will be overlooked and its cause appreciated.

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fullness of illustration, the importance of studying men's unconscious, or unacknowledged motives, and impulses to thought and action, and, next, that it has described an extraordinarily effective method for doing this, which is practically new.

When one considers all that has been accomplished by Freud and by his colleagues, in the course of the researches that have led to these results;—the light that has been thrown upon the meaning of dreams, of the symptoms of neurotic illnesses and so, virtually, of neurotic illness itself, of personal and social customs and institutions, both of primitive and civilized men and races of men; and when one considers the explanations—important even though partial—through which Freud has sought to account for men's tendency to express themselves in poetry and art and philosophy and religion, it excites no wonder that this great movement is steadily attracting more and more attention, and from unexpected quarters.

Who would have dreamed, a decade or more ago, that to-day college professors would be teaching Freud's doctrines to students of both sexes, scientific men turning to them for light on the nature of the instincts, and educators for hints on the training of the young?

These phenomena do not indicate much of a change of heart on the part of early critics, it is true, for prejudices die hard; but they do indicate two significant facts. The first is that the task to which Freud found himself committed,—namely, the study of the thoughts, feelings, and motives of which men are unconscious yet which strongly and strangely influence their moods and conduct,—is one[2] that all thoughtful men must and will study.

The next most noteworthy fact is that, in dealing with this task Freud showed, not only a remarkable ability and power of insight but a still more remarkable fearlessness, a tireless energy in seeking evidence, and an unsurpassed fidelity in observation. This is, indeed, one of the cases where it is impossible to consider a man's work without taking his personality into account, and Freud's personality was such that up to a certain point his testimony is as re-

[2]Consider the hold which novels and dramas have upon everyone.

liable as the wax impression of a coin.

But every man has his weaknesses and limitations, and in Freud's case these were shown in the fact that while he became exceedingly adept in recognizing certain influences, he failed, mainly, though, I think, not wholly, because his attention was thus engrossed, to take sufficient note of others that likewise were at play. For a time this made no obvious difference. He has never pretended to do more than to demonstrate the presence of one group of repressed motives (the sexual group); or, rather, to bring to the surface repressed thoughts of all sorts, but in the belief that the sex classification was the best. This portion of the work has given rise to bitter criticisms, which were largely based on prejudice and need not be considered here. After a time, however, when, following a sort of logical destiny, he was led to apply his explanations to the whole range of human life, new obligations were involved and new sorts of criticism came to view. These were not wholly dictated, like the earlier ones, by narrow prejudice, based on the very repressions that he sought to study, but on the fact that the type of mind of which his is an example is not the only sort that is useful even for purposes of scientific investigation; nor is the method which he followed the only suitable one for the study of human life.

The breaking away of Adler and of Jung are, I think, partly to be explained on such grounds as these, though it was partly due, likewise, I believe, to a misconception of their scientific duty,—a misconception which led them to reject without sufficient reason, formulations of Freud's which were of permanent value.

It is, however, true, as I believe, that Freud's strong accentuation of the sex motive, and of the merits of the sex mode of classification, although dictated, no doubt, by an instinctive feeling that, otherwise, the goal sought—primarily the therapeutic goal— would not be won, did, nevertheless, prevent him from adequately filling the position of judicial student of human motives as a whole, that circumstances almost forced him to assume.

There are empirical grounds for this criticism and also scientific, or philosophic grounds.

The arguments brought forward, for example, by Josiah Royce in almost all his recent books,[3] by Trotter,[4] by Coe,[5] by Stanley Hall,[6] and others, while they do not in the least impugn the value of Freud's arguments *ad hoc*, *i. e.*, as contributions of immense importance to the subject of sex-motivation, do emphasize, in their turn, social motives other than sexual, and not to be classed as sexual without some forcing, which one could wish that Freud had studied. Similar comments can be made with regard to the effects of his rigid acceptance of the "scientific" method in his studies.

One may succeed in showing that the motives of a given philosopher, a poet or adherent of religion, are permeated by sensual longings of infantile origin; and one may then go to work, if one will, to pick to pieces the rational postulates on which a given philosophy or religion rests its claims. Still, something will remain that the mind feels to be of vast importance, and for which "sublimation," as usually defined, does not adequately account. The grown man recognizes motives which are foreign to the child, or to nature, but which, on monistic grounds, one must assume to have been represented there, in some fashion.

Freud's own arguments show this. He is avowedly a scientific monist, and, properly speaking, should classify himself with the "realists" or "behaviorists" of the present day, who are, virtually, materialists. But science, physics, chemistry and mechanics know no "emotion," in the best human sense, and even the James-Lange theory, although it may explain *almost the whole* mystery, still leaves something unexplained.

Professor Holt[7] praises Freud's formulations and, with great justice, adopts his views about the "wish" as the corner-stone of his psychology. But Holt's "wish," like James's "emotion," leaves one cold, while the "wish" in Freud's sense is anything but cold. A "something," undiscoverable by reason, seems left out when one accepts the realistic scheme as binding, and Freud was quick to see

[3] Cf. The Philosophy of Loyalty, for ex.
[4] The Instinct of the Herd, in Peace and War.
[5] The Psychology of Religion.
[6] Auger. Jr. of Abn. Psychol.
[7] E. B. Holt: The Freudian Wish.

and reprobate this tendency when it came to estimating the value of Adler's conception of the nature of human motives, as he does in his history of the psychoanalytic movement.[8] Adler, as Freud points out, in throwing so much emphasis upon aggression, in his analysis of motives, leaves no room for love. But it is hard to see how Freud, if he would be a strictly logical follower of the scientific method, can bring in love. Unless one assumes that the essence of love, in the most spiritual sense, is in some way, represented even in the physical world, then it cannot get in at all, and it becomes necessary to accept a building, the base of which is not broad enough to support the superstructure.

Some of these points may now be taken up for further study, and I would say, to begin with, that Freud's personality presents itself under several different aspects, which may be defined as those of the clinician, the scientific (psychologic) student, the student and conscientious member of society, and finally (little as he would be inclined to admit the fact), of the philosophic thinker, seeking to generalize his conclusions and to state them in universal terms.

These phases of Freud's thought are not all, as I have said, of equal value.

As detector of unacknowledged motives and definer of methods for detecting them; as analyzer of the personal and social situations in which these hidden motives play their part [interpretation of dreams, wit, conduct, tabus, etc.]; above all, as founder of the "free association" method, he is without a rival. If, however, one looks to him for broad and balanced views of life in all its manifold aspects, and for a judicial-minded interpretation of men's acts and thoughts under conditions where many motives—conscious as well as unconscious, and both conscious and unconscious in varying degrees—come into play, one is doomed to partial disappointment: his job is of a more specialized sort. As a philosopher[1] he is weak. On the whole, he stands out as a courageous, unflinching, pioneer-investigator and a man of genius;—and it should be recognized that where he is weak he has never

[8] Sigmund Freud: Zur Geschichte der psychoanalytisthen Bewegung.(Now to be had in English.)

claimed to be strong.[9] Had he not been so daring, so sincere, so faithful, and, withal, so much of a sleuth-hound as he was (in a good sense and in the interests of knowledge), the science of psychology would still be without its best impulse to real growth and practical utility; and psycho-neurological therapeutists, ignorant of a large portion of the forces which they aspire to manipulate, would still be fumbling in the dark with powerful, two-edged weapons, in the use of which they could obtain no adequate, systematic training. On the other hand, had Freud's splendid analytic powers been supplemented by an equally powerful capacity and impulse to make himself acquainted with all the forces shaping human lives, at their best, in all their fullness and richness, before he studied them in their narrowness and weakness and in the imperfect stages of their development, and had he—equipped as he is with strong intelligence—been moved to recognize the limitations of the scientific method, and to see that, just as the language of signs and feeling transcends that of logical concept-building at one end of the scale, so the language of trained and illumined intuition transcends it at the other end; had he, in short, been a man of more idealistic type, then psychoanalysis—if it had come into existence at all—might perhaps have been kept free from what even certain fair-minded men have considered as one-sidedness. But *would it have come into existence at all?* Probably not. For although it is, I believe, easily conceivable that a man of philosophic, idealistic, or religious tendencies and training should be able, if intelligent, to make himself a useful and even a progressive and orthodox psychoanalyst, yet it is exceedingly improbable that such a man would have become a psycho-analytic *pioneer* of a thoroughgoing type. It is hard to believe, in short, that psychoanalysis could have had a development

[9] Freud has disclaimed interest in the philosophic mode of approach, or familiarity with its methods and arguments; it is the "libido" of the philosopher that, alone, he has felt concerned to study, and the philosophic attitude has seemed to him a mode of seeking compensation, like (in his estimation) the religious attitude. This mode of looking at the matter has its real value, especially in so far as it is based on direct character-analysis. But when he (and his co-workers) make the sweeping statements they do—though without arguing them out critically—about the standing of physical law in the determination of mental phenomena, they assume the authority of philosophers and make themselves correspondingly responsible.

equally fruitful with that which it has had and yet one markedly different in origin and detail. This portion of medical progress needed to be guided by just such a man as Sigmund Freud, and we may be deeply grateful for his advent. He taught us to abstain from referring psychopathic "symptoms" (exclusively or primarily) either to bodily malnutrition or hereditary taint (often such lame and insufficient modes of explanation), still less to lack of will on the patient's part; and threw the primary emphasis, instead, on a set of definite psychologic causes which he showed how to bring out, in detail, with reference to each special case. But in his eager search for causes, he took as his standard the rigid kinds of causation studied by the physicist, and so became committed to a mode of conceiving the manifestations of human effort which does not do them justice. This was a misapplication of the scientific method, but the effort of which it formed a part was practically fruitful and stimulating to research.

The different phases of Freud's thought followed each other, to some extent, in chronological series. I prefer, however, to disregard this circumstance, which has no significance for the purpose of this study, and ask your attention rather to the fact that they are present and closely interwoven throughout all his work. That is, the same constitutional tendencies of mind, the same sort of personal equation, have been operative continuously, from the outset, and have acted, I believe, very favorably as regards one portion of his work, less so, and even unfavorably, as regards other portions.

Assuming, for example (what is substantially correct), that these various attitudes or tendencies of mind, by virtue of the fact that they belonged to Freud's personality, came, all, rapidly into play, and taking into account, as one should, his rugged courage and thorough-going honesty, and the fact that he had been trained in the scientific rather than in the philosophic school, one may perceive that something of the following sort must have taken place: He began his work with a therapeutic aim,—that is, with the interests of given patients in his mind. If he had been content to remain a therapeutist, without publishing much beyond an

enumeration of the cures that he had made; or if he had confined his published statements to a few clinical generalizations, and a few broad hints about the importance of the sex issues, such as Charcot had thrown out, he would undoubtedly have achieved reputation and success. But his genius (untempered and unhampered, in the main, by considerations of practical policy and personal aggrandizement) would not permit this cramping. Obviously, he soon perceived that the needs of his patients—if they were to gain anything through the truth as he saw it—would require them to look on their lives with the same inexorable seriousness that would be required for the successful carrying through of a difficult scientific research. And more than this, he soon gained a vision of the needs of society as reflected and expressed in those of the single patient; and a vision, too, of the vastness of the part played, in the lives of historical characters and of the imaginers of those described in fiction and in myth, by the hidden motives of which he had found himself on the trail. Finally, stimulated by his success in using the genetic method (that is, in tracing out the working of the apparently blind, will-less, primary instincts in even the highest, that is, the most complex, manifestations of conscious human life), Freud was led to adopt the general views which must be classified as "determinstic" in a philosophic sense. But he gives no adequate arguments to support these views, and it is here, in my opinion, rather than in his (monographic) over-emphasis of the sex-motive, that the scientific weakness of his work is to be found. It has been urged against him,[10] that in his sociological studies—which have been incidental rather than serious or exhaustive—he has not given sufficient attention to the various influences, other than those based on sex, by which men living in social groups are practically moved,—preeminently the gregarious instinct in its different forms. Freud has met this criticism indirectly in one of his recent papers, where he admits that he has not as yet studied with care what he calls the "ego" complexes. He seems to refer this failure to lack of time and opportunity; but he says, also, that he has

[10] Trotter: Instincts of the Herd in Peace and War. Dr G. Stanley Hall and others have given voice to similar criticisms.

as yet seen no unifying principle that promises more for the purposes of such a study than the sex-principle. I would offer, as a partial explanation of this situation, the fact referred to at the beginning of this paper, that his chief instinctive interest and the best opportunity for his method have lain elsewhere than in the fields of sociologic research, in a broad sense. In spite of this, he has been obliged to figure, more or less, as a sociologist, and cannot long escape from assuming, explicitly, the responsibility attaching to the authority thus thrust upon him.

The recognition of the wider needs and scientific issues which his empirical study of men's unconscious motives brought to light, together with the increasing realization of the therapeutic difficulties involved in many of his cases, doubtless augmented Freud's determination to search out to the utmost every indication of repressed "sexuality," and this brought him much criticism, which was only relatively sound.

The time is not ripe, even yet, for laying down rules that would enable the physician to decide how far he should encourage a given patient to go in this spying out of the repressed sensual elements in his thoughts and conduct.

Freud started from the thesis[11] that the conscientious psychoanalyst ought to be considered as within his rights and duty in dealing with these issues— or encouraging his patients to deal with them—just as with any other issues. He held it to be best to encourage plain speaking, as in line with the assumption that both he and his patients were to be regarded as engaged, single-mindedly, in carrying out a serious research, and as aiming for an education which, so far as it went, should be genuine at least. Conscious of the rectitude of his own motives, Freud felt convinced that the evils attendant on this plan of outspokenness were far less serious than those attendant on the plan of covered speech and careful phrasing that would permit of much juggling with subtle tendencies to sensuality. Doubtless there are dangers in all methods, and perhaps time will show that the essential point is that the physician should know himself

[11] Sharply defined and illustrated, for example, in his "Bruchstuck einer Hysterie-Analyse," Monatschr. f. Psychiatrie u. Neurologie, Bd. XXVIII, H. 4.

with a thoroughness that should be as nearly absolute as possible, and then vary his method more or less with reference to the given patient's symptoms, habits of mind and previous training. That he should do this is, indeed, implied by Freud in his urgent insistence on letting the patient virtually lead in the research while the physician and his views are held as in abeyance. But this is a recommendation difficult to follow in some cases. Patients, by virtue of their instinctive power of insight, are close students of the physician's personality, and whatever he may say or leave unsaid, his standards will always be taken, more or less, as guides. This, too, the patient, by the theory, must learn to see and voice, but even such an antidote to harm will sometimes fail.

The therapeutic situation was unsatisfactory in several respects at the period when Freud began his investigations, and indeed it is so still. The relationship between physicians and their neuropathic patients, in particular, was marked by subtle evils of a somewhat serious sort. In proportion as neurological practitioners were successful, their own personalities played too pronounced a part: they were prone to become either too masterful or too intimate, in response to a willingness and even a longing, on their patients' part, to play a complementary role in these respects.

This was an abuse, which, in accordance with Freud's definition of the term, could fairly be called "sexual" in its nature; and the fashion for hypnotism, so prevalent at one time, only increased the danger while making it more difficult of detection. One of the benefits to be expected as an outcome of the psychoanalytic movement is that relationships of a more straightforward sort between doctors and patients, will, hereafter, be encouraged, and equivocal, debilitating relationships discouraged. Freud and his followers[12] have striven hard for a better state of things in this respect, but it must be clearly seen that the condition essential for a permanent improvement is the adoption of high standards among physicians themselves. Self-knowledge can be a stepping-stone to this, but it must lead to an instinctive attitude, transcending knowledge; and it is as difficult for

[12] See "Presidential Address" by Dr. W. A. White, in forthcoming issue of the Psychoanalytic Review.

the physician to gain this for himself as it is for the patient to overcome his more obvious symptoms. It is extremely difficult to bring about a genuine and permanent elevation of the character-level in any person, sick or well, and sometimes one has to rest content with a gain which is but superficial. But even this is of some value, as Freud himself has pointed out[13] in his comments on the breaking down of pseudo-civilization under the stress of war.

Considerations of the above sort should help, to explain, if not altogether to justify, some of Freud's interpretations in another field.

It is true that one does not find, in the character-studies by him and by his closest followers, of such men—actual or fictitious—as Leonardo, Hamlet and the like, or of the myth-makers and the primitive-culture men, signs of a well-balanced, judicial weighing of the all-various forces actually in play. This is not even attempted, indeed; and instead, we are given an interesting and keen analysis of certain concealed influences which, in their turn, the antecedent biographers had neglected. This situation is typical of the whole psychoanalytic movement, in its strength and in its weakness, or defect. These character-analyses are not biographies but monographic studies of certain tendencies which ought to be better understood. One should not rail against the defects of this tendency, however, without remembering that except for this exaggerated emphasis the vitally important motives now brought out would never have been seen. A community ignorant of itself, and ignorant of its ignorance, yet stung by the suspicion of its own narrowness, and of weaknesses and temptations which it does not realize the importance of facing in all their bearings, is naturally hostile to a frankly truthful interpreter of the facts as they seem to him, and one prepared to state them baldly in accordance with the principle *de potiori denominatio fit.*

It was inevitable that, in proportion as his observations accumulated, Freud should generalize them, in the form of propositions which came to serve at once as expressions of his past experience and formulations for his and others'

[13] Cf. "Zeitgemasses über Krieg und Tod; die Enttauschung des Krieges."

use in further studies. To many persons, amongst whom I would include myself, these formulations seem in the main sound and useful. Their validity has, however, been strongly called in question, and certain of the objections—those by Adler and by Jung—must be very briefly commented on. I refer especially to the propositions about infantile sexuality, fixation and regression.

It is of great interest to decide whether, on strictly scientific grounds, there is any good justification for the claim made by Alfred Adler[14] that Freud is entirely at sea in using the category of sexuality as primary and basal. It is only, Adler claims, the will for power, or self-assertion (or, eventually, self-preservation) that should be looked upon as a basal motive, the sexual impulse being classifiable as secondary, or, in Adler's own words, only as a *form of speech*, in which another and deeper influence reveals itself.

This view is interesting, but as a criticism of Freud's position it can not, I think, maintain its ground.

In the first place, Freud was making,[15] not a biologic, but a clinical argument when he asserted the fundamentality of the sex-motive. It was a question solely of fundamentality in the patient's mind; and surely patients are not torn and thrilled by their desire for supremacy (regarded as freed—if one can so regard it—from the sex-feelings that attend it) at all as they are torn and thrilled by their (unrecognized and unacknowledged) sex-passions. Neither is the repression discoverable in the one case at all comparable to that met with in the other. And as patients cannot be expected to abandon the sex-conceptions and terminology in describing their ideas and feelings, it would be a forced and artificial demand to make of the clinical observer that he should do so.

But, to go further, it cannot, in my estimation, be claimed, on any ground, that the category of "self assertion" is more fundamental than that of "sexuality." Neither, on the other hand, is anything to be gained by asserting (true though it is, as a rule, from the patient's standpoint) that

[14] Cf. "Ueber den nervösen Charakter." (Now to be had in English.) Every one who cares about the truth of these matters should read Adler's own words and note their animus, which is one of very unscientific virulence.

[15] See his admirable statements in "Zur Geschichte der psychoanalytischen Bewegung."

the reverse should be maintained. In fact, both of these exceedingly important categories or modes of classification imply that a man is to be thought of, first of all, as a social animal, a virtual member of a virtual community.

But, in theory and in an ideal sense, the members of a community meet, not as rivals but as equals and in cooperation; and where rivalry or misunderstanding arises among the members of human societies, men, sooner or later, come to recognize the need for an intermediator, or "interpreter" in Royce's sense.[16] Indeed, it is possible that this function is foreshadowed even in the animal kingdom—as, preeminently, by the appearance of the offspring, who requires the joint care of the father and mother, and serves as a pledge of fellowship and cooperation. It is true, of course (and this has long been recognized by Freud), that the lust for power, whether for its own sake or (as urged by Adler) in a compensatory sense, is relatively primitive and fundamental enough, in all conscience. But no good reasons exist, I think, for looking on it otherwise than as secondary to the cooperative, gregarious or "herd" instinct, or as more fundamental than the sex-instinct. To live—even to think—is to strive to reproduce oneself: that amount and form of creation at least is necessary and universal. But the conditions essential for the ideal community do not imply, as theoretically necessary, a sex-*problem* (in a "morbid" sense); nor does the bare existence of a community theoretically require a supremacy-*problem*.[17]

It will, I trust, be believed that I have no desire to belittle the value of Alfred Adler's contributions to the working out of the principles of compensation (as for organ-inferiority), or to deny the significance of the principle of self assertion and the "fictitious goal" of the neurotic patients—amongst whom all men are to be reckoned. Freud has always recognized these principles.

[16] Cf. Royce: War and Insurance; The Hope of the Great Community, and other publications.

[17] I will call attention, in passing, to the fact that just as men slip or drift easily into rivalry, in Adler's sense (*i. e.*, into a relationship which is a sort of mockery of co-operation), so Royce's community of interpretation (a triadic relationship of good sort) is mocked in the form described by Freud in which a man and a woman are unable to love each other to the full extent except in the virtual presence of a rival.

It is also true that philosophy began, practically, with the demands for solution of the problem of evil, and that the sex-problem and the supremacy problem, arising side by side, had much to do with the modern doctrines of sociology and characterology. But it was a serious wrong, on Adler's part, to attempt to destroy where his obvious function was to emphasize and to consolidate.

As regards the criticisms brought by Jung against Freud's formulations, I see in them the suggestion of a mode of looking at the subject which the former found congenial while to the latter it was not so, combined with what seems to me a needless denial of some of Freud's most important claims.

Jung strives for a broader formulation of the whole situation than Freud, with his primarily clinical, or empirical, interests, had adopted; and somewhat as Freud sees the infant behind the adult, so Jung sees nature, striving to organize itself, behind man. The "mother," conceived of concretely, disappears, therefore, in the creative instinct, and in the instincts of dependence, from which man must free himself. These are justifiable and interesting views, and the data used in illustration of them are very rich.

It is easy for me to understand and sympathize with Jung's desire for this broader formulation, and easy, too, to understand his wish to be of more service to the patient with reference to the "present issue." On the other hand, I can sympathize very strongly, also, with the feeling of Freud and his friends, that to go far in this latter course would often be to impose one's own personality upon the patient, and would lead inexperienced students of psychoanalysis to abandon methods in the use of which more rigid studies might have made them competent. Furthermore, I cannot in the least sympathize with the rejection by Jung of Freud's theories of regression, infantile sexuality, and fixation. Jung carries out his analyses, so he says, in the old fashion, and it is difficult to see how he can fail to recognize the value of the principles which he formerly used so extensively and with such good effect. The theory of fixation can, indeed, be stated in such technical fashion that it seems repellent to the novice; but it can also be stated in terms that make it accept-

able to every person of intelligence, even if untrained.

As regards the philosophic problem, I have but one word more to add. Freud has pointed out, with eminent justice, that the mind of the philosopher, if subjected to analytic study, reveals itself as under two influences, one of which is a craving, of infantile origin. The scientific mind is free, he thinks, from this doubleness of motive. This is true, if the proposition be taken in Freud's sense. But to my thinking, the scientific mind is from another standpoint eminently narrow, and subject to modes of reasoning that do not satisfy all the requirements of the situation.

If a "*unit of composition*" must be adopted, in order to satisfy the need for a monistic scheme, which we all feel, this cannot be such a unit as would be available solely for the arbitrarily chosen portion of existence which alone can be studied by scientific methods. We are men, with all that that implies, before we decide to limit our researches or to begin them, and should not let ourselves be contented with modes of defining what we are that cannot, if carried out logically, be considered as otherwise than cramping.

The feeling would not have been so intense, on the part of Freud and his adherents, with regard to the change of front by Dr. Jung toward some of the most fundamental of the psychoanalytic doctrines—especially the doctrine of infantile sexuality and its bearings, and that which affirms the therapeutic significance of tracing out, through careful analysis, the complete history of the patient's fixations and regressions—unless these men had felt that the success of a very difficult enterprise was at stake. It is proper that the grounds of this feeling should be understood, not only because the doctrines in question are so important that one cannot give them up and yet fairly call oneself a psychoanalyst, in Freud's sense, but also because the pressure to give them up, or modify them, is still so strong and subtle.

The fact is, there are a great many persons who would gladly avail themselves of Freud's doctrines to the extent of making a partial, relatively superficial analysis of thoughts and memories, yet who would strongly shrink—the physicians from urging, the patients from being urged—to make

this process thoroughgoing. Certain though it is that many changes will creep gradually into psychoanalytic procedures, it is exceedingly desirable that these should be made by physicians who have not only been thoroughly trained in what might be called orthodox method and beliefs, but who still accept as sound the principles upon which these are based. Otherwise, the method will degenerate, and, more and more, the old reliance on the mentor- and adviser-types of psychotherapeutist will gradually be reverted to, not alone with reference to the class of cases where their services suffice, but for all cases.

Fortunately, however, this result is not likely to happen to the degree that one might fear. The teachings of Freud and his colleagues as to the benefits to be gained through a thorough searching-out of his unacknowledged experiences, on the patient's part, have become so far ingrained in psychotherapeutics that the lesson is never likely to be entirely unlearned. What is more to be feared is that therapeutic traditions may arise that, while considered of the best, will be, in fact, less good than they might otherwise have been, and that the scientific outcome of the psychoanalytic movement may suffer correspondingly.

II. Notes with Reference to Freud, Jung and Adler

BY TRIGANT BURROW, M. D., PH. D.

AMONG the psychoanalysts who have dissented from the teachings of Freud, the most prominent and significant figure is Jung, and next in importance, Adler. More than any others these two writers have contributed to check the necessarily difficult progress of the Freudian tide. But for all the criticism and defection which these deprecating voices have aroused in the professional and lay mind, I hold that their positions are not essentially irreconcilable with Freud.

That which is subsumed under the term "Freud" is a scientific observation relative to the genus man. It denotes the tabulation of a phenomenon. It marks a discovery. I am speaking now of Freud entirely from the point of view of the dogma of science. The question as to whether Freud is humanly acceptable with respect to his observations is not in order. This is not the concern of the scientific observer. It is the man who is advocating a cause, expounding a theory, or exploiting a doctrine, who has to be "right" in this sense. But Freud is merely observing a fact, and the man who observes a fact is preserved in his integrity by virtue of his fact.

In a discussion of the relative views of Freud and Jung we are apt to overlook an important point which will largely assist in clarifying matters with respect to the difference between Freud and those who diverge from him. It is one thing to disagree with Freud, the observer, and in so doing to deny the criteria of science, and quite another to offer palliations intended to mitigate the poignancy of unwelcome consequences inseparable from the observations of Freud. It is my feeling that this has been the essential aim of Jung's teaching and if in his impatience he has been lead into fundamental disagreement with Freud, his inadvertence has been

due to his eagerness to propitiate unacceptable alternatives.[2]

I maintain, then, that Jung's digression from Freud is of the nature of a difference, rather than a disagreement, and if this is true, it puts Jung's position in a changed light. I think this distinction cannot be overemphasized. I know that for myself I agree with Freud unequivocally, but I also know that in certain respects I unhesitatingly differ from him. I differ from Freud, for example, when he says that sexual repression is due to the interdictions of society, but I differ from him not because of disagreement. On the contrary, it is rather through the fuller agreement—it is rather that in this position Freud does not seem to me Freudian enough, so to speak. One must discriminate, then, between a divergence from Freud that is due to a difference in point of view and one that is due to a disagreement.

From this standpoint it seems to me that Jung and Adler are in the main quite right in their general principles, and that their error consists in the dissent from Freud which they have assumed to be inevitable in the modifications of his principles as embodied in their respective teachings. Had Adler, for example, stated simply that an inherent egotism underlies the manifestations of neurotic states, had he pointed out that in certain types of reaction, as in stammerers, there is present an exaggerated self-assertion—a disproportionate overvaluation of the self, and had he recognized that this reaction in these patients is just another expression of the manifold forms of vicarious sexual manifestation, I think no psychoanalyst who is familiar with these cases would have taken issue with him.

Substitutive reactions of an analogous character—those in which the ego is overemphasized as a result of repression of the libido—had been long ago recognized by Freud. Such has been precisely the mechanism to which he long ago drew attention in his interpretation of paranoia, with its self-

[2] After all, observation is not the only duty of science. Presentation is no less important. To communicate one's findings aptly and appropriately and thus gain the sympathy and acceptance of one's audience is a task that seems to me to rank equally with that of faithful observation itself. Apt presentation invites a sympathetic understanding through assimilating the new with the customary aims and methods out of which the new has taken its growth,

references, its ideas of persecution, its delusions of grandeur and its hypertrophy of the ego generally. The mechanism underlying the psychology of stammering is really identical with that of paranoia. In both, there is the desperate recourse to egoistic overvaluation in the effort to evade a powerfully determined subjectivity of the sexual libido, or so-called unconscious homosexuality. The stammerer represents in reality a *somatic paranoia.* Instead of the construction of the mental system seen in the elaborations of paranoia, the ego-complex of the stammerer shows itself in an overcharge of the affective life, that manifests itself in connection with the social adjustments as specifically mediated through speech.

The situation is similar with Jung in his hypothesis of a presexual mode. As I understand it, his sense of the term presexual implies the existence of a mode that is not only presexual in that it precedes the pleasure mode, but that is presexual in the sense of a generic contrast—a contrast which assumes a non-continuity with the sexual mode. Here, it seems to me, is an instance in which Jung is entirely defensible in his view, but unwarranted in the manner of it and in the subsequent implications it entails.

In positing a presexual mode of consciousness, I am heartily in accord with Jung. The whole significance of the sexual phase of consciousness and of the unconscious is inconceivable to me in the absence of the conception of this presexual phase. To state it figuratively, the whole notion of the sin of sex as symbolized in the expulsion of the first man from the Garden of Eden is to me unthinkable in the absence of a Garden of Eden. I call this phase the preconscious, but in this term as I use it there is implied, as the name indicates, no such distinction as Jung's "vital energy," but a distinction that is based solely on a developmental difference, my conception of a presexual mode being not only not incompatible with Freud, but, as it seems to me, a requisite correlate of his teaching.

The unconscious of Freud is the sphere of repression, or of sex-inhibition. If one prefers, he may denote the Freudian conception of sex as the sphere of the pleasure aims, as Freud himself does when he speaks of the "pleasure-

principle;" or he might sum up the unconscious as the *desire life*, in its broadest, most basic sense. For that which is inherent in sex is the covetous aim. It carries essentially the notion of attaining satisfaction, of possessing for one's self. Thus, desire is the essential element in the aims of sex. Of course desire presupposes an element of assessment. Desire is to look upon an object and pronounce it good to have. Such is the meaning of "desirable." And so, in this reaction of desire there is involved a judgment. It is a process of cognition, and, however complete or incomplete, however frank or repressed, an act of cognition is an act of consciousness.

Now there is a period covering many months before cognition may be predicated of the infant, in which the organism is the subject of a condition of comfort or repletion. That is, before it may be said to experience satisfaction in any conscious sense, the organism does at least embody satisfaction as a condition of being. It is this state of tranquil quiescence, representative of the infant's existence prior to the inception of cognition, that I call the *preconscious*. It is thus a pre-judicial, a pre-conative, a pre-covetous phase of consciousness—a phase of consciousness which precedes the desire or the sexual phase.

For if the primary, conative phase of consciousness (what is known in adult life as the repressed unconscious) is sexual, then the preconscious—the phase which precedes this sexual or desire phase and out of which the sexual evolves with the onset of cognition—is surely also presexual. If I have made my position clear, this conception of a genetic presexual mode to which the trend of my investigations leads me, entails no dissent whatsoever from Freud and the unconscious as envisaged by him.

Now the point is that the presexual mode as conceived by Jung does, on the contrary, assume features which demand an entirely altered conception of the unconscious and of the fundamental teachings of Freud. I might go on citing other instances of Jung's divergence from Freud and in general point out in them, as in the instance just mentioned, the unessential disparity of his hypotheses. More than that, it could be shown, I think, that Jung's conceptions could

well have assumed a quite complemental position with respect to Freud, and with entire consistency as regards their fundamental import.

I think, for example, that Jung is correct in saying that there is contained in dreams, as in life, a non-sexual clause. I think there is in life a factor that is preclusive of sex. I do not mean the repressive factor, exhibited in the censorship of social inhibition. This is a quite secondary, artificial proscription, reacting in response to an external agency. But I mean a primary and inherent non-sexual tendency, the biology of which is traceable to the embryonic matrix of consciousness represented by the preconscious mode.

In my view it is only after clearing away the interpolations of sex as represented in the antisocial demands belonging to the furtive unconscious mode, that the native presexual mode becomes assimilable with adult social aims. But when Jung advances the hypothesis of unconscious trends aiming directly toward constructive social goals, it seems to me we are carried along by an over-hasty optimism that leaves us quite breathless and dismayed. Here, too, Jung's assumptions are made at the cost of Freud's objective observations. Again it is Jung's manner of approach that seems to me mistaken.

My position is that it is sheer blindness not to recognize that Freud has held faithfully to deliberate observation in reporting the exclusive assertion of sex as disclosed in the symbolic disguises of the unconscious. Yet I feel that a patient study of life, such as it is given the psychoanalyst to pursue, brings to light yet deeper-lying factors, beside which the intense craving for self-satisfaction expressed in sex, notwithstanding its insatiate affirmation, is revealed as an anomalous exaggeration—a sporadic miscarriage of affectivity representing the distortion of an originally harmonious principle of life. We think that repression is the result of sex. But we are mistaken. *Sex is the result of repression.* I believe that when child-life shall be permitted to develop naturally and joyously, its growth unfolding simply from the harmonious setting in which life has its inception, we shall have gone far toward mitigating the driving, obsessive mania that now, whether covertly or frankly, is universally

accredited under the name of sex. The principle upon which this position is based is embodied in my conception of the preconscious.[3]

Without this rudimentary principle of consciousness, I am utterly at a loss to formulate satisfactorily the psychoanalytic conception of sublimation. Without this genetically unitary principle as a background of consciousness, what are commonly called sublimations seem to me mere substitutive forms of repression, subsisting under the patronage of social sanction. These socially acceptable "sublimations" seem but cunningly disguised forms of moral adaptation. They are a sort of buying-off of sex—hush rewards, as it were. And thus it is sex again with the cover thrown over it. The informing principle is absent.

But after all, man is new to life. That sex or its vicarious palliations should have become for him the affirmation of existence is due to the novelty and immaturity of consciousness itself. It is but natural that having come suddenly into the franchise of consciousness, man should employ his liberty of action in the wanton aims of personal satisfaction, or in the tedious propitiations of vicarious conformities. But there is something deeper still, more native to man, than all this. It is expressed in the social merging of personalities into each other in the pursuit of the common good. It is that quality in man that ever goads him to search and strive to the utmost benefit of the race. It is this quality of harmoniousness and unity inherent in the social aims of man that is, it seems to me, the strongest principle of man's consciousness. This it is that men have called love. This, it seems to me, is the true affirmation of life and its prototype is the harmonious principle of the preconscious.

I fancy that it was some such perception as this that animated Jung in his divergence from the rigid scientific formulations of Freud with respect to the sexual libido. But it is unfortunate that in the pursuit of some such modification as this, the temperamental quality in Jung, coupled with his natural impatience of dogmatic prescription, should have

[3]. "The Preconscious or the Nest Instinct," read at the 7th Annual Meeting of the American Psychoanalytic Association, Boston, May 25, 1917.

driven him to exceed the bounds of moderation and have lead him to challenge the actuality of Freud's untempered observations. I shall not believe that the breach is an irreparable one. It would indeed be a calamity if Jung's genial perspectives have mislead his splendid genius into an irrevocable disagreement with the clear, steadfast, disinterested observations of Freud.

III. The Adlerian Concept of the Neuroses

BY WILLIAM A. WHITE, M.D.

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ADLER'S concept of the neuroses may be said to differ from the concepts of Freud and Jung in its attempt to define their organic bases: not that this concept is absent from either the Freud or the Jung scheme. Freud especially has considered it, but Adler makes the organic basis the basis of his whole consideration of the neurosis, and the starting point of his therapeutic attack. It may be well briefly to recapitulate Adler's views, and to illustrate them in a way that will show just exactly how he does this.

For Adler the fundamental psychological element in the neurosis is the feeling of inferiority, which feeling of inferiority in every case founds in an inferior organ. The neurosis then consists in an effort on the part of the individual to overcome this feeling of inferiority, and its outward signs and symptoms are the manifestations of those dexterities developed to this end. This is the flight to safety, the effort to overcome the feeling of inferiority, and because it becomes the primary object of the neurotic it takes him away from reality on a false path. He spends his life in endeavoring to overcome the feeling of inferiority rather than in contact with reality. This is the fictitious goal of the neurotic.

This concept can be very much better understood if it is considered in connection with and as part of the larger concept of progressive integrations and adaptations as constituting the fundamental and developmental processes. If the psyche is made possible, and in fact is the expression and the end result of all of the organic integrations which have gone to build up the organism, then it must necessarily follow that every defect in this organic machinery must ultimately find its psychological expression. Every defect of integration must offer an obstacle to that orderly develop-

ment which finally will present a well-rounded, well-balanced capacity for psychological reactions, and such a defect must necessarily, therefore, modify the character make-up of the individual. And the way in which that modification takes place must result from the way in which the defect is dealt with. The defect may be side-tracked or circumnavigated, as it were, or it may be assimilated in part or in whole, or it may be so gross as to drag down the individual to its level, or it may, by the concentration of the efforts of the individual in this particular limited area, become the center of supernormal activities, so that the whole gamut from idiocy to genius, at least from their pathological and organic aspects, may thus be traced to organ inferiority.

The concept is a difficult one, and I think I may enlighten it by a further type of illustration which I have found very useful. For example, Adler, in explaining what he means by an inferior organ and the part it plays in the individual psyche would have it that the inferior organ, so to speak, hangs on to its childlike, infantile, inferior, relatively undeveloped ways of pleasure seeking, which, of course, if we understand by pleasure the fulfillment of desire in its broadest way, can practically only mean that the organ hangs on to that sort of capacity to function which only is possible at its stage of development so that, for example, the skin which in the polymorphous perverse period of infancy is the avenue through which all sorts of comforting and organically delicious sensations are transmitted to the baby, may remain inferior, and, therefore, in the adult may continue as a source of organic pleasure out of all proportion to the part which it should play in a properly balanced picture of the functions of the adult considered in their totality. We are familiar, of course, with the exquisite who bathes and perfumes himself and wears silk underwear and all that sort of thing, because he retains an autoerotic gratification in cutaneous stimulations which he should have left behind to have become part of his developmental history, but which he has insisted upon dragging along with him as he grew to adulthood. It is not easy for us to say, and I do not know whether there is any evidence, that such a skin is inferior, but this is the way in which it would be reasoned out from the Adler viewpoint,

and if instead of thinking of such a skin as I have described it we think of all the possibilities of cutaneous eruptions, of the various pruritides and so forth, we will begin to understand how skin inferiority may play its part in the later characterological peculiarities of the individual. I suggest for consideration in this particular Sadger's illuminating article in an early number of the Jahrbuch.[1] You will note in studies of this sort that whereas the actual mechanism of the eruption itself may remain more or less hazy that the distribution of the lesions is of exceeding significance, particularly the pruritides, the lesions of a senile eczematous variety and certain neurotic erythemas and the like. Their localization about primary and secondary sexual foci seems to be almost, if not quite conclusive of their intimate psychological affiliations.

Another illustration of the same character—Let us take for example, the organ of hearing; how might we expect an inferior organ of hearing to react from the Adlerian point of view? In the first place, if the organ of hearing was inferior we would expect that it would focalize the individual's feeling of inferiority, in other words, that his apprehensiveness toward the world of reality, his fear of contact with actual experience would tend to focalize in the auditory zone, and if we should trace back the development of this particular individual's auditory functioning we should expect that it would disclose a history, as I have already indicated, of hanging on, so to speak, to infantile ways of pleasure seeking. Now let us begin at the beginning and trace the history through according to this theory. We would find a child who is enormously interested in auditory experiences. Perhaps we might find a child who had heard forbidden things in its very first years because of the well-known association in the bedroom of the parents. Later on we might expect to find that such a child expressed his curiosity primarily, of course, sexual curiosity, through his auditory apparatus; that he was always listening and trying to get information from hearing what other people were saying. As he grew to adulthood we might expect such an individual, retaining the same ways

[1] Ueber Haut, Schleimhaut und Muskelerotik.

of pleasure seeking, to be perhaps interested in hearing obscene stories and jokes. It is to be borne in mind that the ambivalent opposite, the suppression (repression) of auditory stimuli is also a possible type of reaction. Such a person might react to obscene jokes with great emotional resentment. All the while we might find running along hand in hand with such a development a tendency to suspicion of his environment, which would manifest itself by a feeling of fear, apprehension and anxiety, in short of inferiority. If he saw people talking together in an intimate way and could not hear what they said, from that to the belief that they were talking about him would be an inconsiderable step to take. And so you see we are slowly building up here the picture of a paranoiac, with his ideas of suspicion, his delusions of persecution, his hallucinations of hearing. And the hallucinations of hearing of a paranoiac in which he hears people say all sorts of disagreeable things to him if interpreted through their symbolic significance will be seen to represent the same pleasure seeking mechanisms that were openly manifested in childhood. This is the sort of reasoning that we have to use to develop such a character type as that found in paranoia on the basis of the Adlerian concepts.

I am reminded in this connection of the observations I made some years ago upon hallucinated persons, taking them as they came into the hospital, and in looking over the results of those observations I was very much interested to discover that I never found an hallucinated patient with normal sense organs. The ears, for example, showed some evidences of an old otitis media, or in older patients evidences of sclerosis and contraction of the drum membrane, diminished acuity of hearing, etc., etc. Such like evidences were found also in the other sense organs except that in some instances, and this I think also extremely interesting, in which the sense organ that was the particular recipient, so to speak, of the hallucinations was healthy, it could be shown that the stimulus for the hallucinations was derived from another sense organ which was not healthy; in other words, we had the phenomenon of synæsthesis, the first sensory change occurring in a diseased sense organ and being manifested as an hallucination in a healthy one. One instance I recall

particularly was an hallucination of smell which resulted from the stimulation of a congested and swollen lingual tonsil.

Still bearing in mind the general principle of psychical integrations I think we must accept the Adlerian viewpoint as I have stated. I think Adler himself, especially in his work on organ inferiority, offers a lot of evidence which is inconclusive, not to say flimsy at times, or at least is flimsily presented. It makes no difference, however, as to whether he happens to have presented it well or not, I think the concept must be accepted in the way I have stated it. It is a concept which by no means is limited to the explanation of certain character traits; it is a concept which in its broader significance compasses the whole field of biological development. Child has recently formulated, for example, a theory of physiological individuality in which he defines individuality as all that which may be included under the control of a metabolic or dynamic gradient. Now of course, the metabolic and the dynamic gradient of the human individual is the central nervous system. We may therefore consider all that individual in him which remains subservient to this centralized authority, and just as a group of cells may spring into activity and throw off the yoke, so to speak, of this central authority, set up a government of their own, develop perhaps their own independent dynamic gradient, and become, therefore what we call a tumor, which is really from this point of view a separate and, of course, a parasitic individual, so a sense organ, the eye, for example, may do the same thing. An eye which insists upon sticking to lower cultural levels of pleasure seeking, as, for example, the eye of the young man that I recently saw who was arrested because he had fixed a mirror on the end of a stick and went about the street shoving this under women's skirts, a sort of periscopic eye, the eye, of such an individual which continues to seek pleasure at such cultural levels we may consider as being in this same way an anarchist in its tendencies towards the total integration, perhaps not so much the eye when we are speaking in psychological terms as what we might better term the eye libido. So, such an individual is suffering, we might say, from tumor of the eye libido. He is suffering because his

eye libido cannot be integrated with the rest of his personality and be made subservient to the larger ends of the individual, as a whole, but continues to manifest itself at infantile levels of pleasure seeking. It would be interesting, not only to examine such an eye ophthalmologically for evidences of inferiority, but by the Abderhalden technic.

This is the Adlerian concept as I see it, to me an exceedingly useful one and pragmatically very valuable because it serves to bridge the gap between the organicists and functionalists. As a method of approach to the neurosis I think that it rather tends to lack that capacity for individualizing the patient's symptoms, which is of value. The organic part of the situation is of little or no interest to the patient, and in the way in which I have set it forth here would, in a majority of cases, be incomprehensible. Actual feelings, actual strivings at the psychological level, emotional trends, desires, etc., are the things that the patients can be brought to understand because they actually feel them. They can be brought into consciousness and dealt with, and in this way the approach along more strictly Freudian lines I think is more valuable. The Adlerian concept, however, is a broad formulation which is, to my mind, of great scientific and philosophic value but not of the same therapeutic value in dealing with the individual because for the most part one has to deal with the capacity for psychological readjustments. The Adlerian concept, on the other hand, constantly reminds us that the capacity for psychological readjustment may depend, in the last analysis, upon some assistance that can be offered from the organic side, a reminder which we should take seriously, quite as seriously as we believe the internists should take our suggestions of psychogenesis.

SOME CRITICISMS OF THE FREUDIAN PSYCHOLOGY

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A sufficient justification for the psychologist stating his reaction to the psychoanalytic movement, even though he possesses no expert knowledge of the neuroses, is afforded by the Freudian endeavor to go behind the practice and formulate a psychology which shall be true of normal as well as abnormal conditions. This makes the writings of Freud and his followers (and competitors) of decided interest to psychologists, who have made themselves, I think it can be said, fairly well acquainted with the teachings of the school, and have found there considerable that is stimulating and suggestive. A number of psychologists, as Holt, Watson, Wells and Lay, have espoused the Freudian teaching to a greater or less extent, though usually with considerable independence of judgment. The majority, however, while keeping silence in the journals, are probably to be counted as skeptics. For myself I am very skeptical. I admit that a good deal of stimulus can be derived from the work of the psychoanalysts towards a study of neglected topics in psychology; and I rather expect that many germs of truth will, in the course of time, be found in the teachings of this school; but their methods, considered as means of demonstrating psychological facts, seem to me excessively rough and ready, and their conclusions one-sided and exaggerated.

The psychoanalysts have a handy rejoinder to any who enter the lists against them. Having "complexes" of our own, they say, which we should not willingly admit and which acceptance of Freud's point of view would compel us to admit, we develop "resistances" against that doctrine. In a special way, we are prejudiced against it and are thus

not equitable judges. Now this might be true and still not be a sufficient reason for disregarding the evidence we may bring forward. As a psychologist, I probably do have a certain prejudice against the Freudians, since they have been very contemptuous of our modest efforts to throw some light on the intricate processes of mental activity and development, disregarding what we may have found that would bear on their problems, characterizing our efforts as barren and superficial, and even going so far as to accuse us—since we must often admit ourselves unable to explain a mental occurrence except in a summary way—of holding that such occurrences are events without a cause. In short, they treat us rather shabbily, and I am willing to admit a certain feeling of irritation against them. This, however, need not throw me out of court if I ask to be heard, not as an expert whose conclusions are to be accepted as final, but, if you will, as an attorney presenting one side of a case. The attorney is presumed to be biassed, but if he sticks to evidence and legitimate argument, his presentation of the case has to be met by the other side. His personality may be as full of complexes as you please, but all that is irrelevant. The question is, whether the evidence can be rebutted; I am making bold to present it, in part because of a feeling that the case against Freud ought to appear in print along with the voluminous literature in his favor, and in part in the hope that the psychoanalysts may think it worth their while to consider this evidence and perhaps, in so doing, be led to emendations or additions to their doctrine that may make it more acceptable to the psychologist. I do not, of course, expect very much in this direction from the brief and sketchy presentation here to be made; and, in fact, I expect much more from the internal diversification of view that is beginning to appear within the company of those who are or have been pupils of Freud. When one lays everything to "libido" and another everything to the "masculine protest," it may soon be recognized that both of these factors, and probably several others, are operative in producing abnormal, and also normal, mental results. Meanwhile, there is no reason why the psychologist should not also "do his bit" towards clarifying the situation.

The first concern of the psychologist confronted with the numerous assertions put forward by the Freudian school is with the *methods* employed to reach these conclusions. We inquire whether the methods are reliable. We are not concerned so much with methods of treatment as with methods of discovering facts and reaching psychological conclusions. The methods are primarily designed to analyze the individual, and there seem to be two of them, fundamentally, one in which the subject himself furnishes the analysis under the guidance of the psychoanalyst, and the other in which the psychoanalyst works with comparatively little contribution from the subject, by the aid of fixed symbols.

The first-mentioned method was also the first to be employed by Freud. It starts from an element of a dream, or from a lapse, or from a "complex indicator" in the free association test; it proceeds by requiring the subject to let his mind move freely from the starting point, without self-criticism or reserve; and it terminates, for the moment, when the subject, in the course of this free movement of thought, hits upon a "complex." Now so far as the object in view is to bring the complex to light, this is all well and good, for if the subject recognizes and acknowledges the complex, once he is reminded of it, it makes no difference how he has come to it. But the psychoanalyst is not contented with simply drawing the conclusion that the subject has the discovered complex. He goes on to two other assertions.

He concludes, first, that arriving at the complex by starting with the dream or complex indicator means that the complex was at the bottom of the dream or complex indicator. If the subject has stumbled over a certain word in the free association test, and then, on letting his mind move freely from this word as a starting point, has come more or less directly upon a certain complex, then the stirring of that complex was the cause of stumbling in the original test. Or, if the subject has dreamed of a person A, and on letting his mind move freely from the thought of A comes more or less directly to think of a significant person B, then A in the dream was really a representative of B. By such reasoning,

ostensibly, the conclusions are reached that dreams have a hidden meaning very different from their manifest content, and that lapses and hesitations in the process of thinking or acting are due to the stirring of submerged complexes.

Now what is the logic of this inference? Can the psychoanalyst seriously uphold the proposition that, whenever the thought of A has come into my mind, if I then let my mind move freely from A and reach B (sooner or later), B must have been operative in making me think of A in the first place? And how does he know when to stop in the series of thoughts starting from A, in order to get the particular idea or wish that was unconsciously at the bottom of thinking of A? He stops, in practice, when he finds a significant complex. Well and good, if his object is the practical one of discovering complexes. But if his object is to discover what led to the thought of A (or to hesitating on A), then what determines him to stop just when the complex is reached, and not before or after? It can only be, as far as I can see, from a preconceived notion that some complex is at the bottom of the original thought or lapse. But, if so, the Freudian psychology is not after all founded on the analyses obtained, but upon preconceived notions, or, perhaps it would be better to say, on the attractiveness of the conclusions reached. In other words, the doctrine of the significance of dreams, lapses and other complex indicators is not based on the evidence, but upon a certain inherent attractiveness of the doctrine. The statement is often made that Freud by no means approached the matters he examined with any preconceived notions, and that his doctrine grew up in his experience; and this may well be true; yet the doctrine may not have been scientifically derived from the evidence which he brings forward, but may have been a "happy thought" which occurred to him in connection with the cases he met and so gripped him as to make evidence, for him, quite a secondary matter. That something like this is true of his followers is clear from the confident way in which they approach new problems, sure in advance that their conceptions will furnish the key, and eager to be satisfied with even the vaguest sort of evidence.

But there is more to be said regarding the proposition

that if A has occurred in the process of thinking, then B, reached from A as the starting point of a free movement of thought, is to be presumed to have been a factor in the original production of A. Freud somewhere says that it would be impossible for A to lead to B unless B had been operative in the production of A. This seems to turn things topsy-turvy, since what A arouses is conceived as arousing A. It is contrary to the general fact that shifts of thought are the rule, so that you tend to get quite away from the context of your starting point in the course of a reverie or other free associative process. And it is contrary to the fact of multiple possibilities of associative reaction. Thought may jump hither or yon; it is far removed from the fixed linkage of stimulus and response characteristic of the simple reflexes. Undoubtedly there are cases where thought hovers about a given point, instead of passing off to something else; but shifting of the topic is so characteristic of uncontrolled thinking as to make it utterly impossible to accept the fundamental proposition on which the Freudian conclusions as to latent content of dreams, etc., are supposed to be based.

If it were possible to get to the complexes only by starting with the dream or complex indicator, then, indeed, some special connection could be believed to exist between them; but, as a matter of fact, you can take a perfectly arbitrary starting point such as a word occurring in the course of smooth-running waking thought, and, proceeding according to Freud's instructions, reach a complex just the same. Something of this sort has been noticed by Freudians, but they do not seem to have observed that this fact deprives their conclusions as to dreams and complex indicators of all force. If the complex is held to have produced the dream or complex indicator because, on starting with the latter, the former is reached, by the same logic we must conclude that the complex operates in the production of the most smooth-running of waking thoughts; and then the distinctions between lapses and smooth-running thinking, and between dreams and waking thought, vanish into thin air and with them a large share of the whole Freudian psychology.

I said that two conclusions were drawn from the analyses beside the straight-forward one that the subject had such

and such complexes, discovered by the free movement of thought from a complex indicator or dream element. The first assertion, already examined, was that the complex was the underlying cause of the dream or complex indicator. The second concerns the nature of the complexes usually discovered and therefore concluded to be the dominant type of complex existing in individuals, whether neurotic or sound. As the procedure already described usually brings the subject to a sexual complex, the prevailing type of complexes is concluded to be sexual. This conclusion would be justified if the movement of thought, which we have hitherto assumed to be free, were really as free as at first appears. Psychological experimenters (as Messer and Koffka) have frequently observed that it is very difficult to secure a really free association. Though the subject is instructed to let his mind move with perfect freedom from a given word in any direction, he inadvertently specializes his task, or falls into a definite "mental set," so that his reactions have a more uniform character than would be true were the movement of his thought wholly uncontrolled. The control is not as rigid as in "controlled association," and is likely to shift in the course of a series of associations; but such a thing as absolutely unguided movement of thought is very unusual. Some interest gets at least temporarily in control, and acts as a rudder to the course of thinking. It is rather strange that the Freudian, so insistent in the main on underlying trends and wishes, should assume that the subject is really passive in the process of the analysis, and should omit to inquire what sort of tendency or control may be exerted on the movement of thought. If we ourselves ask this question, we notice that the psychoanalyst instructs his subject to be passive and uncritical, and to give expression to every thought that comes up, no matter how trivial or embarrassing it may be. The subject is warned time and time again that he must keep back nothing if he wishes the treatment to succeed. It is easy to see that such instructions tend to arouse a definite set of mind towards that which is private and embarrassing; and this easily suggests the sexual. Certainly one cannot be in the hands of a Freudian for long without becoming aware that sexual matters are of special

interest and concern, and thus, if at all responsive, getting a strong mental set in that direction. But this state of affairs shows the analysis in an entirely different light. The finding is no longer that with a passive attitude and uncontrolled movement of thought sex complexes are predominantly brought to light, but that when the subject is more or less subtly influenced to direct his thoughts towards the sexual, he comes upon sexual complexes. The existence of sex complexes is thus demonstrated well enough, but not their preponderance. If a psychoanalyst of different convictions should more or less subtly convey the impression that the important things to look for were in the line of self-assertion, or in the line of competition in the struggle for existence and social standing, or in the line of anger and irritation, he would certainly lead his subjects to find complexes of these types. There is no doubt that complexes of all these types, including the sexual, exist—though whether or not they are "unconscious" in the Freudian sense is another question which I shall not attempt to answer here—but as to the relative frequency and importance of the different types we have as yet no clear indications—certainly not from the work of the Freudians.

The conclusion regarding the first method of psychoanalysis is that, though well adapted for the discovery of sex complexes, it will by no means bear the weight of the general psychological conclusions that have been made to rest upon it. The second method may be called that of fixed symbolism. When an element of a dream has been decided to be the representative of something other than itself, it can be called a symbol of that other thing. Originally, Freud asserted strongly that such symbols must necessarily be an individual matter, so that what was signified by a given symbol could only be determined for an individual by analysis of that individual. Later, however, following the lead of some of his pupils, he has come to believe that certain objects are fixed symbols for certain other objects or conditions, and that it is no longer necessary to establish the significance of certain dream elements by the "free movement of thought" described above, their significance being known at once from the table of equivalents derived from

previous psychoanalytic experience. For example, the snake is always a male phallic symbol, a garden a symbol for the female genitals, and stairs a symbol for coitus. These and other similar fixed symbols are said to hold good for all dreams of all persons, and also for folklore, myth and poetry, and for reverie and much or all of everyday thinking—certainly for any episode in thinking or acting that appears "symptomatic" of a complex. These are very broad assertions, and we are nowhere presented with anything like an adequate basis of recorded facts from which such generalizations could be derived. One suspects a statistical error here, namely, the "error of sampling." One suspects that a few striking cases, in which a given symbolism held good, have made so much impression on minds predisposed to accept this sort of thing, that the conclusion suggested has been incontinently generalized, without much pains to look for possible negative cases or much question whether the positive cases from which the conclusion was derived are a fair sampling of all cases and sufficient in number to guard against error in generalization. It will not help the psychoanalyst, in combating this criticism, to decry statistics and congratulate himself that he works by no such mechanical method; for just as soon as he takes a few cases as representative of all, his abhorrence of statistics will not protect him from the statistical error of unfair or insufficient sampling.

The doctrine of fixed symbolism is inherently so improbable as to demand very thorough demonstration. An object becomes the symbol of another by virtue of being associated with it in a person's experience, as is the case with words, mathematical symbols, etc.; or else by virtue of some similarity between the symbol and the thing signified. Symbols of the first class are certainly dependent on individual experience. If I have never learned Chinese, the Chinese character for "man" is not, for me, a symbol for man. Symbolism depending on the similarity between two objects can often be appreciated without previous association between the two, as we see in the literary use of metaphors. But where the point of similarity is somewhat obscure, it may never be noticed by an individual, and the

symbolic value of one object as representative of the other may accordingly never be actualized in him. For example, the similarity of the capital V to the number five, the V representing the hand held in a certain position, and the hand representing the number five, is so indirect and unobtrusive that it would scarcely make the one a symbol for the other except to an individual who had been taught to associate them. The snake, having many different characteristics, can be looked at from many different points of view, and only in one of its many aspects is it a phallic symbol. He who has been accustomed to note others of its characteristics will find it a natural symbol for sinuousness, or slyness, or wisdom, or danger, and find considerable difficulty in seeing the particular characteristic that has made it a phallic symbol to the initiated. The "garden" is, in the experience of one child, an ornamental plot about the house, with grass and shrubs that require little cultivation, while to another it means the vegetable garden, not ornamental but useful, and requiring much cultivation. One child is told to "go and play in the garden," and the other is warned "not to play in the garden." Evidently the garden will have a different symbolic value to these two children, and it is improbable that either of them will readily catch the point of the Freudian symbolism. Similar remarks can be made regarding the staircase and other supposedly fixed symbols. Symbolism is of necessity an individual matter, dependent on particular associations established, or on those characteristics of complex things which have become impressed on the individual. This is not to deny in the least that the social environment is influential both in establishing arbitrary associations in the individual's mind, and in calling his attention to certain characteristics of complex objects and to certain similarities; and in both ways controlling, to a large extent, the symbolism of the individual; but, after all, the symbolism depends on individual experience, and whether or not a given object is for an individual the symbol of another can only be determined by study of that individual. Besides, the particular symbolism of snake, garden, staircase, etc., is by no means instilled into the child by his social environment.

My conclusion is that fixed symbolism, whether or not it may be useful as a device for abridging the labor of psychoanalysis and still getting at the sought-for complexes, is worthless as a method of scientific psychology, and cannot support the conclusions that are based on it.

One further point of method needs to be examined. Since the Freudians have so much to say about the child, and make infantilism a corner stone of their system, one must ask by what methods they reach their knowledge of the child. Only to a slight degree do they base their conclusions on direct observation of children. Practically the whole body of their evidence is derived from the reminiscences of adults, and of a selected class of adults, neurotic subjects who have been psychoanalyzed. Certainly this sort of evidence has doubtful value. The matter is even worse when we consider the earliest years of childhood, to which the memory of the adult does not reach back. From what source is derived the knowledge of the sexual and incestuous tendencies of babies? Not, as far as the record shows, from direct study of babies, nor from the reminiscences of adults, but apparently from something akin to "fixed symbolism," along with such knowledge of babies as every one may be supposed to possess. But I submit that, in order to qualify as an expert on child psychology, the psychoanalyst should show a more direct and concrete hold of the actualities of child life than is indicated by the following citations from a book which I happen to have recently read.

"If we were to watch a three months old baby playing on the floor we would notice that it picked up the objects within reach and pretty generally thrust them immediately into its mouth. This is done at first indifferently with such objects as a rubber ball on the one hand or with the baby's foot on the other.[1]

"The child learns, as soon as it can learn anything, that fecal matter is considered dirty and the bowel movements in the diaper are frequently denominated a 'mess'."[2]

The vagueness of knowledge of the time relations of events

[1] White, "Mechanisms of Character Formation: An Introduction to Psychoanalysis," New York, 1916, p. 180.

[2] *Ibid.*, p. 200.

in the baby's development, revealed by these quotations, is astounding in the representative of a school that professes to know so much about children—and the time relations are essential to the author's argument in both the above passages. If the psychoanalyst finds it necessary to refer so much to the child, he should know his child; and if he finds insufficient information in the books on child psychology—as I can readily understand may be the case—he should make direct studies of children, or, perhaps, collaborate with the psychologist in the direct observation of children. The trouble with all the psychoanalytic methods is their indirectness. Except that they get at certain complexes, they never furnish a direct view of the facts which they suppose to exist and on which they base their psychology.

Even though the methods of the Freudian psychology are thus faulty, the doctrine might still be essentially sound, being based not on the evidence brought forward, but on great acumen in detecting the real state of affairs. It may be well to take the system as it stands, without regard to the manner in which it has come into existence, and examine, first, whether it is internally coherent. In the main, it certainly gives the impression of being so; yet there are one or two respects in which it seems to contradict itself.

One inconsistency makes its appearance when we compare the affective tone of the dream with that of the neurotic symptom. The dream is regarded as the equivalent of the neurotic symptom, to the extent at least that both are expressions of suppressed tendencies. The apparently disproportionate emotion in the neurotic's manner of dealing with trivial matters is explained by saying that the emotion has a genuine and adequate motive. It has simply become secondarily attached to these trivial matters; the really significant ideas have been suppressed, but the emotion remains behind and appears in connection with ideas that have a symbolic significance. Now the dream is regarded as very closely analogous to the neurotic symptom, being itself a symbolic fulfilment of suppressed wishes. If this conception of the dream were sound, we should expect to find the dream heavily charged with emotion; dreams should be like neurotic symptoms in this respect. As a

matter of fact, the dream is rather remarkable for its comparative shallowness of emotion. The dreamer is interested in what he is dreaming about, but is not deeply moved (except, of course, in the nightmare). It is very curious, if the dream is actually a working out of unconscious tendencies strongly charged with emotion, that its emotional tone should be so mild and superficial. This could easily be understood if the dream were what it seems to be, a relatively superficial play of fancies, but not if it is as deeply motived as Freud supposes it to be. We are confronted by a dilemma: if the suppression of a desire leaves its "affect" free to appear in consciousness attached to a symbol, then the neurotic symptom is explained, but the dream is not; while if the affect is subdued and kept under along with its tendency, then the dream is understandable, but not the neurotic symptom. There is difficulty in explaining both phenomena by the same mechanism.

Another internal inconsistency in the Freudian psychology is connected with the "censor." The censor, the force that suppresses tendencies into the unconscious, is certainly essential to the whole system; but whence comes the censor with this tremendous power? He appears in the drama as a veritable *deus ex machina*, not indeed setting everything right at the end, but initiating the conflict on which the plot hinges. Sometimes the censor is represented as a social compulsion, sometimes as executing the mandates of one's own struggle for higher things. But, in any case, the censor has power enough to dominate the situation almost completely in normal waking life, in spite of the fact that the tendencies which he represses are so extraordinarily strong and pervasive that all activity is attributed to them; that "man sexualizes everything;" that myth, folklore, religion and even invention, according to Jung, are due to the energizing of these tendencies; that "we now know," as several psychoanalysts have in substance said on different occasions, "that man's great activities are driven not by the superficial conscious motives, but by something much more powerful and significant, working in the unconscious." But why are these tendencies unconscious? Because they are suppressed. And what keeps them suppressed? The

censor; in other words, tendencies opposed to those that are suppressed. The suppressing tendencies must be stronger than the suppressed; but where these dominating tendencies, personified by the censor, come from and how they manage to suppress the all-powerful and all-motivating unconscious tendencies, remains obscure.

These inconsistencies weaken the internal structure of the Freudian system. It loses its cohesion and falls apart into a number of components, some of which may be true and valid, though not all can be.

Space will not allow consideration in detail of the various components making up the Freudian body of doctrine. There is scarcely a page in the writings of the school that does not contain assertions that arouse the suspicion of the psychologist. The ground of his suspicion is usually about the same; the exceptional is assumed by the psychoanalyst to be the regular thing, and the fascinating is preferred to the more sober view, so that in the end a highly distorted picture of mental processes and dynamics results. The psychologist's own conceptions, founded on simple cases experimentally studied, are much less fascinating but are probably the truth for the simple cases; and there is more hope of understanding the complicated cases by working out from the simple than by resorting to poetical conceptions for which no genuine evidence is presented.

Take the dream for example. The invalidity of Freud's evidence for the symbolic significance of dreams has been referred to above. There is actually no evidence that dreams in general have a "latent content", or are the fulfilment of deep-seated and ordinarily repressed wishes. Undoubtedly some dreams may be fairly interpreted in this way; but then there are *so many dreams*, and most of them yield a Freudian interpretation only by forced and very indirect procedure. Meanwhile, why should the dream require such deep motivation? Granted that, as was said before, reverie and relatively uncontrolled thinking are almost always steered by some interest, and that the dream is interesting to the dreamer at the time—this means that some interest is gratified by the dream-reverie, but it does

not require anything deep-seated or extremely powerful in the way of a motive force.

Why should a powerful motive force be required to make us dream? The associative mechanisms are easy-running—this is one of the most obvious and certain facts in psychology, and it is a fact which the Freudian school seems resolutely to ignore. If the mechanisms that give us the "manifest content" of dreams, or of reveries, are easy-running, then sufficient motive power for them is provided by the relatively superficial interests that appear on the face of things. Twenty years ago, before Freud's work on dreams appeared, I approached the subject as a student of the late Professor James; and I was rather impressed by the view of Ives Delage, which had a certain analogy to that later developed by Freud. Delage held that an object would not be dreamed about if it had been dealt with to satiety on the previous day; only those tendencies operate in the dream that are not satisfied in the daily life. At that time I recorded many of my own dreams and found quite a number in which some train of thought or action, started during the day but broken off, was carried further, whereas thoughts or actions that had been brought to their conclusions and dismissed did not appear. In one case I dreamed of getting a clear view of the name on a street car that I had tried vainly to make out during the preceding day. Here we have a relatively superficial interest, though a genuine interest, since my curiosity had been aroused to know whither a certain line of cars led; and it is quite probable, on the face of it, that this unsatisfied curiosity caused the reappearance of the street car in the dream. The question is, whether we must assume deeper lying, powerful though suppressed tendencies in addition to those that are clearly at work; and the only reason for any such assumption would be the conviction, apparently entertained by the Freudians, that the mechanism of thinking, imagining and remembering is stiff and ponderous, only to be driven by the big forces of life.

An easy-running mechanism is subject to interference from slight disturbing causes; and therefore it is no more necessary to invoke deep-lying motives to explain lapses and

complex indicators than to explain the occurrence of dreams. Undoubtedly some cases of hesitation or forgotten names, etc., may be due to the stirring of sleeping complexes; but we have the best sort of evidence that interferences result from much more superficial factors. In a variety of experiments, interference is produced by associating two responses separately to the same stimulus, the result being that the alternative responses interfere with each other and cause hesitations, false responses and irritation, quite similar to what is seen in the "complex indicator." This reveals one elementary cause of interference, and another is brought to light in the "color naming test." Here we have five colors repeated many times in irregular order, and the task is to name the colors, one after another, as rapidly as possible. The five names are absolutely familiar; but, in spite of this and in spite of naming them rapidly and correctly most of the time, momentary periods of confusion occur in the course of the test, with hesitation, false responses, confused utterance, and irritation. The interference here seems due to "perseveration" of the five names so recently and repeatedly spoken. Being all in a condition of readiness or easy excitability, they are likely to get in each other's way, and make the subject say "blue" for yellow, or "grack" for green or black. Another source of confusion is the anticipation of one reaction while another is in progress, with the result that the two are combined into a nonsense reaction; and another similar factor is the reacting to one thing when you intend to react to another, the two things being both present at once. Then there are the natural tendency towards economy of effort, leading often to "cutting corners," and the opposite tendency, when excited or worried, toward excess of energy and haste. Lapses of the tongue, or of the fingers in typewriting, are in general readily explained by one or another of these simple mechanisms. Having then these elementary facts as a basis, the psychologist prefers to build up from them towards an explanation of the more difficult cases, rather than to start with intricate cases involving emotional disturbance and attempt to assimilate the simple cases to them.

As to forgotten names, Freud brings forward a few

striking though doubtful instances, and hastily concludes that all temporary inability to recall a fairly familiar name is the result of interference by a submerged complex. He fails to appreciate the great frequency and commonplaceness of this form of lapse. If you start out systematically to recall the names of a large number of familiar persons or towns, and note carefully all the cases where you are impeded or get false names, you will probably accumulate quite a collection of cases in a few minutes. Sometimes there is but a momentary hesitation, or an instantaneous transition from the false name first suggested to the true name; sometimes the period of groping is more or less prolonged; and sometimes you are quite unable to get the right name without giving up for a time and starting afresh after an interval. When study is devoted to the false names called up while awaiting the right name, they are found usually to present some degree of similarity to the right name. They are specially likely to preserve the rhythm and other general characters of the right name, as well as the initial sound. These findings make it probable that names are not retained as isolated facts, but rather in rough and ready classes. On first hearing a new name, we assimilate it to names already known, and when later we try to recall it, we are likely to get one of the names to which we have assimilated it instead of the exact name we want. In other words our recall may be approximate instead of exact. Now when we have got thus on the wrong track to some extent in our search for a name, we have blocked the path to the right name by the recency value of the false names just brought to mind. In view of all the facts, it is both unnecessary and impossible to extend Freud's interpretation of the forgotten name to cover all the cases; and it seems better to start with the simpler and clearer cases and work out from them toward the more complex rather than attempt to go the reverse way. The Freudian procedure is more "fascinating," just as animism is at first more fascinating than the mechanistic conception of nature; but the mechanistic conception "gets somewhere," and is likely to have this advantage in psychology as well as in physics.

Just a word on "suppression," one of the most impor-

tant conceptions in the whole Freudian collection. Here again what is striking and exceptional is extended to cover simpler cases. The question is as to what becomes of tendencies that are not permitted to work themselves out in action. The only possibility recognized by Freud is that the tendency is suppressed into the unconscious, where it remains dammed up, likely to break out in unexpected ways. This I believe to occur sometimes (except that I reserve judgment as to the "unconscious") both with sex tendencies and with others, such as those to anger. But it is not the only thing that can happen. The setting aside of tendencies to action is something that occurs almost at every moment of the day, for there are always a plurality of stimuli calling for reaction, and a selection must always occur. But most of the tendencies thus nipped in the bud simply disappear. And, in the case of strong tendencies that are not exactly nipped in the bud but take hold of us for a while, it is still possible to *depress* and weaken them, and by repetition of this treatment so train them to a subordinate position that they may become like rudimentary or atrophied organs with no practical effect on behavior or feeling. Thus the esthetic strivings of youth often become atrophied, and thus an attraction towards one of the opposite sex may become so weakened as only to evoke a momentary regret or even a smile when later it comes momentarily to mind.

Then there is the "libido;" and so much has been made of this and so much poor psychology spun about it that a volume would be required for an adequate and detailed criticism. The same procedure on the part of the Freudians is visible here as in the matters already discussed. They choose a very special motive force, choosing it because it is interesting and "fascinating," and attempt to assimilate all the motive forces of human activity to it—instead of starting, as a psychology of human motives should, with the more commonplace curiosity-manipulation-play-random-movement source of activity, so dominant in children, so much depended on in education as the source of motives for serious work, and so influential throughout life as the driving force in the details of work and play, however much

the main direction of affairs may be taken over by the more distinct motives of self-defense, economic and social aggrandizement, competition, social interest, parental devotion, and sex. The sex impulse is quite clearly a specialized motive, and not at all suited to be taken as the type of all motives. The "sublimation" of "libido", by which it becomes the motive force for any activity whatever, I believe to be mostly a fiction. What happens when genuine libido is aroused is either that it has its own way or, if not, that it acts as a disturbance of any other activity that is attempted. In endeavoring to distract himself from it or to resist it, indeed, the subject may get some other motive powerfully aroused and so become very active in something quite different from the natural outlet of libido. But this does not mean that the motive force for this second activity is the libido drained into another channel, any more than your resistance to one who shoulders you aside means that your motive in resisting is his motive in pushing drained into a new channel; or, to take a better example, any more than your intensified application to your book when you hear distracting noises from the athletic field, and your resulting complete absorption in the book, means that your interest in European history is a derivative of your interest in football. A plurality of motives exists within the individual, and there is no known reason for regarding them all as "transformations of the libido." The Freudian psychology, here as elsewhere, becomes distorted by taking a striking and extreme case as the type of all others.

It would be interesting, as a sort of reductio ad absurdum of the Freudian system, to submit it itself to psychoanalysis, and interpret it in accordance with Freudian principles.

When we consider the Freudian psychology from the psychoanalytic point of view, we reach the conclusion that the driving force behind the invention of this system is "libido," that it is itself a sublimation of that tendency. If, as Jung asserts, the invention of agriculture and the mechanical arts, as well as of myth and religion, is due to the driving force of the sex instinct—and in particular of the incestuous tendency—then we may certainly conclude that the in-

ventions of the Freudians themselves, being so much more obviously related to sex, are driven by the same force. The element of sublimation, perhaps not obtrusive at first glance, is nevertheless strongly present in the mental activity that has gone into the development of the system.

Not only on the side of its authors, but also on the side of the readers of Freudian literature, the element of sex gratification is the main factor in the spread of the movement. The books owe their interest principally to the sex element. I say this on the basis, largely, of introspection. I have devoured many of these writings greedily, and am perfectly aware that my interest has been largely of this sort, even though I probably have more interest in the other elements present than the majority of non-psychological readers would have. The literature of the school is, any one must admit, extraordinarily monotonous when considered from a purely objective standpoint—though this is less true of Freud's own writings than of most others in the collection. The same mode of approach leading always to the same predictable result—a series of riddles, every one of them having the same answer—how can such writings hold the reader's interest? But they do, or many of them do. Now I ask what, according to Freudian conceptions, must be the spring of this interest. Could it, by any chance, be the sex interest of the reader that is here tapped? Is there anything in the writings that could awaken this interest? It would not need, according to the Freudians, to be anything overtly sexual—is there anything that could be regarded as at least symbolically sexual in these writings? The Freudian must certainly answer "Yes" and conclude that in all probability the driving force in the reader's attention is "libido."

If we pass from the doctrines and writings to the practice of psychoanalysis, we find a similar probability, still according to the Freudian point of view. The psychoanalytic seance is a sort of coitus sublimatus, (sometimes homosexual) both on the physician's part and on that of the patient. As far as concerns the patient, this has already been pointed out by Freudians in their discussion of "transference." On the side of the physician, it must be remarked

that he is called upon more than other men to hold sex impulses in check, his professional duties giving much occasion for stimulation, while his professional code and his undoubted fidelity to it restrain him from satisfaction. Perhaps the neurologist has more occasion than most other physicians to exercise constant censorship over himself. Now the Freudian conceptions and manner of treatment make every patient interesting and give a form of satisfaction to the suppressed sex trends; and this is evidently—according to Freudian principles—the reason why so large a number of neurologists have adopted these conceptions and methods.

In short, according to the Freudian line of interpretation, the case of Freudism is perfectly clear. It was the sex impulse (perhaps in some obscure way incestuous) that impelled Freud to the creation of the system; it is sex interest that causes the books of the school to be read and to appeal to the reader; it is the sex interest that leads a practitioner to adopt the psychoanalytic treatment and that sustains him throughout the laborious process of analysis; and it is sex interest on the part of the patient that insures his cooperation and brings the relief that he sometimes derives from his association with the psychoanalyst.

Though perhaps not all of Freud's followers would have the poise to accept these deductions from their fundamental tenets, I have a suspicion that Freud himself would not shrink from this statement of the case. He would probably hold, and in this I should wholly agree with him, that no moral condemnation is involved. The sex impulse is not to be labelled ignoble or unclean—though, like other instinctive tendencies, and perhaps more than most others, it needs management and may secondarily acquire unclean associations—and the activities and products resulting from it are to be judged on their own merit. If sex interest on the part of the analyst and of the patient furnishes the driving force for the process of treatment, this does not deprive the results of whatever value they may have when judged on their merits. The theory is to be judged on its merits as a theory, and the practice according to the value of its results.

But I do insist that this analysis constitutes a reductio

ad absurdum of the Freudian theory. For if the above were anything more than a one-sided conception of the system, and if no independent and corrective motives such as scientific curiosity or zeal for the welfare of neurotic patients entered in, then the whole system would have no more authority or scientific value than any other libidinous rhapsody. I hasten to admit that I believe it to possess more value than that, for it does without doubt contain the elements of scientific curiosity and zeal for curative results, along with a large dose of libido. It is not void of scientific value, but so obsessed is it with a few elements in the complex human personality that it gives us a narrow and one-sided psychology, utterly lacking in perspective.

Nor can the success of the treatment—regarding which I do not pretend to judge—be used as weighty evidence in favor of the theory. The "pragmatic argument" will not work in this case. We have a number of other treatments, all more or less successful in treating neurotic cases, and each one purporting to be based on a different theory. If the psycho-analytic treatment could be rigidly deduced from the Freudian theory and from no other known theory, or even if the practice had originated as a deduction from the theory, this argument would have weight. As a matter of history, however, the treatment grew up first, and the theory was then developed as a sort of rationalization of the treatment. The theory is extended far beyond the needs of the practitioner. The psychology of the Freudians, and also their views on history, mythology and the world in general, are not essential to the practice, but are to be regarded as products of the decorative art.

NEED FOR A STRICTER DEFINITION OF TERMS IN PSYCHOPATHOLOGY

BY MEYER SOLOMON, M. D.

Chicago

WITHOUT preliminary introductory remarks of explanation and apology, I shall plunge at once into the brief exposition of the topic chosen for discussion.

For non-scientific purposes strict definition of terms used in conversation may, perhaps, not be insisted upon as a *sine qua non*. But this does not hold for scientific disquisitions and discussions. Terms employed should have a definite meaning. They should stand, in the minds of those who use them, for something specific, something which can be readily, quickly, clearly defined. When terms cannot so be defined, then, it seems to me, they are not clearly understood, they do not represent sharpcut concepts.

Freud comes to my aid in a very instructive passage in his Psychopathology of Everyday Life (Brill's translation, pages 113-114). Listen to his message: "A clear and unequivocal manner of writing shows us that here the author is in harmony with himself, but where we find a forced and involved expression, aiming at more than one target, as appropriately expressed, we can thereby recognize the participation of an unfinished and complicated thought, or we can hear through it the stifled voice of the author's self-criticism." How true, and yet how often we fail to carry into execution the lessons to be learned by this penetrating observation of Freud! Would that all of us would take the lesson to heart, and endeavor, in so far as it is within our power and ability, to hold it before us as a landmark or goal in our thinking and writing. How much better we would be understood! How many misunderstandings would be thus averted! How many wars, wordy and bloody, would be thus avoided! And we would be understood.

Now, although this truism applies in full measure to all fields of science, perhaps it applies with even greater force to newly developing fields of thought and endeavor, to new branches of scientific sprouting.

Granted that language is symbolic, if you so insist, that it is but a means of expression, of description, a relatively mechanical, lifeless thing which must, however, forever change with changing views and broader understanding. Yet, no matter in what stage of this progressive evolution of thought and language we may find ourselves, we should at least expect that the scientific terms we employ, surely the most important and most frequently used terms, should stand for some definite, clearly expressed, specifically outlined concepts.

We all know that philosophers, psychologists, psychopathologists and psychiatrists have been accused of being men of words. They have been said to be long on words and much too often short on thoughts—at least on clear thinking. This applies to all of us. But when the psychologists of the socalled normal are today finding it difficult to define the limits or scope of their science, to agree upon a definition of "psychology," and when we note the serious and frank attempts being made by the prominent psychologists to more clearly define the terms they have been employing, it is high time that we too, psychopathologists and psychiatrists, took the hint, the lesson, and followed in their footsteps, as many psychopathologists of standing have for some time been doing, and others indeed have long since done.

Nor shall we be accused of hair-splitting in our efforts in this connection. It will surely lead to clearer formulation, to better understanding. It will lead to all of us speaking the same language more and more. It will bring about an *esprit de corps*, team work, all working for the common end, with the same weapons, forged in the crucible of clear thinking.

Who do I mean by all this? I mean simply this: Many of the writers and thinkers in psychopathology and allied fields have been employing terms year in and year out, in paper after paper and book after book, without giving us or having in their own minds really clear concepts of which

these terms stood as symbols or representatives. The terms have been accepted as such, with a vague meaning in the mind of almost all who employed them, and a tremendous superstructure has been built up upon these terms as a foundation. We may well allow the following message to ring in our ears: Look to your formulations. Look to your terminology. Look to your definitions.

When a certain concept is in a state of flux, of uncertainty, of nebulosity and ambiguity, then we may with safety be permitted to use a term, for the time being, as a peg on which to hand the hat of our cloudy thinking, until the problem has been solved and clarification is in order. But in the meantime let us not permit ourselves to believe or convince ourselves that we have really solved the problem, that the term stands for a definite, well-understood entity, and that we can with safety build farther, with utter disregard of the foundations, the fundamentals. Let us be frank enough to ourselves and to others to declare openly that we are in a transition stage, in a period of uncertainty and progress, that we are on the way to clearer thinking and better solution of the problem at hand, be it what it may.

Take, for example, the concept behind the name dementia precox. We know, at least so it seems to me, that our concept of this is most certainly vague, in spite of the admirable progress that has been made in this field. The clinical concept, the clinical delimitation of the particular class of disorders which should be called by that name, if the name be employed at all, is of a vague sort. No one, in the present state of our knowledge of this problem, can give a simple, short, clearly understood and generally accepted definition of what is meant by the term dementia precox. Why? For the simple reason that the problem has not been definitely solved. We are on the road to better understanding, the term is retained for the present to refer to a heterogeneous group of syndromes of many sorts, and in the meantime efforts are being made to understand the conditions now being denominated "dementia precox." What will eventually happen, let us hope soon? There will be a dismemberment of the socalled dementia precox group, in accordance with newer and better knowledge and understanding. Then

the term "dementia precox" will probably be discarded, and appropriate names given to the particular special syndromes or types of reaction now being labelled by this all-inclusive term, "dementia precox."

Let me therefore, mention a few of the terms which need a clearer, truer, better definition or delineation.

The terms "neurasthenia" and "psychasthenia" must come in for critical examination. The term "hysteria" has been considered by many. In a recent paper entitled "On the Use of the Term 'Hysteria,' With a Plea for its Abolition, And a Consideration of the Problem of Dismemberment of Socalled Hysteria,"[1] I made a feeble attempt to throw the term "hysteria" into the waste-basket. Even the terms "neurosis," "psychosis," and "psychoneurosis" will have to come under our scrutinizing eyes ere long.

The terms "consciousness," "subconsciousness," and "the unconscious" must be examined very carefully. The unrestrained employment of these terms and the differing concepts applied to them by different authors has led to much confusion—and it is still going on.

In the literature of the Freudian school we meet with much that needs better amplification and definition. The Freudians must define in what sense they use so many of their terms. The socalled "endopsychic censor" must be better explained or the concept altogether thrown aside. So also, must they tell us in what sense they use the term "repression" (whether as self-conscious repression, or otherwise), whenever they do use the term—for, let us ever remember, there are all sorts of repression or inhibition. Likewise must they explain themselves when they speak of 'intrapsychic conflict," for here, too, there are different types. The terms "psychological" and "psychic" must be juggled with greater respect. Furthermore, the terms, "wish," "sexual," "libido," "horme," "will to power" must pass before us for weighing up. Even the word "idea," since it is being used in the phrase "unconscious ideas," will have to be defined if we continue to use this uncalled for phraseology. The word "symbol" has been used by many in a

[1]To appear in New York Medical Journal.

very peculiar and slippery fashion. And so with many other terms used by many of the writers and workers in this important field of medico-psychology.

We must by all means avoid being accused of being guilty of a play on words which may mean anything we wish them to mean at the particular moment at which we are weaving them into our discussions and elaborations.

I doubt not that, when all of us begin to use the same terms, with the same ideas or concepts in mind, there will be less disagreement, less misunderstanding, more harmony, more good will, more rapid progress, and more scientific and accurate observations and thinking in this field.

It may well be worth while to have symposia on various aspects of this problem.

Has not the psychological moment arrived for "getting together," with better formulation and definition of terms as the object in view?[2]

[2]Since writing this little "plea," I have come across Watson's paper on "Behavior and the Concept of Mental Disease" (Journal of Philosophy, Psychology and Scientific Methods, October 26, 1916, Vol. XIII, No. 22) in which he critlcizes psychological and psychopathological terminology. Macdougall and others have been struggling with the same problem. See also the instructive report by Knight Dunlap entitled "The Result of a Questionary on Psychological Terminology," The Johns Hopkins University Circular, May, 1916, No. 5.

CORRESPONDENCE

Dr. Burrow on "The Meaning of Psychoanalysis"

Editor of the Journal of Abnormal Psychology:

Sir:—

Dr. Burrow's article "The Meaning of Psychoanalysis" in the April-May number is one to delight the heart of an anti-Freudian. While not precisely that, I do not swallow whole the Freudian conception of Art, Morality, Life, and the Neuroses and Psychoses and so am sincerely pleased by such papers as his, since they gratify the egotistic wish to believe myself right. But, I must commend Dr. Burrow for his courage in expressing a Nietzchian scorn of Fear-Morality in days when all things of Teutonic stamp are unpopular.

"This fear-inhibition is the active principle of the universally accepted code of behaviour, commonly described as morality" is a peculiarly *inadequate* statement, and rests apparently upon the belief that children are taught morality thru fear. As a matter of fact, the real basis of the acceptation of any code of morals (for there is no universally accpeted one) is the social sense or instinct, the yearning to be one with one's fellows, the desire for praise, etc., positive factors of which the fear of disapproval and punishment are only the negative side. Nor is it true that fear is the all important method of teaching "morality" to children. There are many homes in which persuasion and reward are utilized, though these are merely methods of reaching and activating the social instinct. There are children whom punishment only makes into rebels, who seemingly have no fear, but who are melted into conformity by kindness.

Above all, has Dr. Burrow never heard of the *imitative* instinct, that great factor in the development of the child?

Now social codes do not arise and did not rise through Fear. It is true Man feared certain of the destructive aspects of nature, but he also *loved* the ground, the sunshine, the trees, the rain, the forces that fructify and conserve. Conduct arose fully as much from his efforts to honor and reverence the benevolent forces as to propitiate and avert the malevolent. The taboo is the product of ignorant efforts to force and *to coax* Nature to do his bidding, of anthropomorphic conceptions of Life. All the sex restrictions arose through such taboos and misconceptions, and the conflict of the promiscuous sex instinct with the organized structure of monogamy is merely another phase of the battle between individualism and regulation—not of organic-morality with fear-morality. (Pray what *is* organic-morality?)

Now "if fear-morality is the stumbling block to the health of the nervous patient . . . . the sole recourse of psychoanalysis is to rid these invalids of their resistances" *i. e.* their fear-

morality. So since it has been proven *ad nauseam* that the Oedipus complex is the real basis of many psychoneuroses, let us, logically prescribe incest. Sodom and Gomorrah will have nothing on the present day world when it shall have been made over for the benefit of the psychoneurotic. Meanwhile, I can well see that "Specific Psychoanalysis," the one and holy, deserves rank with Aviation, not because of flightiness for they are rapidly perfecting air-ships, but because of the *danger* of the profession.

It is true Dr. Burrow has foreseen, with admirable foresight that "there immediately arises in the mind the alarming thought of the dread consequences attending a mode of treatment which should seek to remove from a patient the safe guards of moral inhibition. Such a procedure *seems* (emphasis my own) to threaten the very foundations of morality." He proceeds to assure us on this point by telling us that it is only our own foolish fear-morality that protests. One fancies that if Dr. Burrow were a Fire Commissioner, he would reassure those who protested against his chopping down the Engine House by complacently assuring them that they were only afraid of Fire!

As for the rest of the article, I confess that I find nothing startlingly new in the statement that men believe that which they prefer to believe. Neither do I see any pathogenic mechanism in that, since even Dr. Burrow and I believe that way, in common with the rest of mankind. Nor do I know what the "unity and truth, the organic-morality, that underlies life" is. Won't Dr. Burrow please enlighten me, and the rest of a palpitating world? I fear there is a bit of Christian Science in him, for he so scathingly denounces one of man's basic emotions, Fear. At any rate, his article means *nothing* unless he discloses his secret code of morality. In this world of horrid facts, phrases no longer help.

ABRAHAM MYERSON.

NOTES AND CURRENT EVENTS

Abnormal Psychology no less than Medicine itself should greatly profit by a revival among its devotees of the *historical spirit.* Such a revival is promisingly undertaken by the forthcoming ANNALS OF MEDICAL HISTORY, the plan of which is set forth in a Spring Announcement, by the publisher, Paul B. Hueber, of New York.

The new ANNALS OF MEDICAL HISTORY will be published quarterly; and Dr. Francis B. Packard will be the Editor. The list of collaborators includes Drs. Harvey Cushing, Abraham Jacobi, Sir William Osler and others well known. Dr. Packard has previously shown his interest in this field, in connection with the reprinting of Dr. William Macmichael's famous sketches of medical history known as the "*Gold Headed Cane*" (1828). To this Sir William Osler contributed an introduction and Mr. Hueber brought the same taste in book-making that we may also look for in the "Annals of Medical History."

That Abnormal Psychology was once known as Morbid Psychology is curiously recalled by the announcement of an article from the pen of Dr. Charles W. Burr, of Philadelphia, entitled: "Burke and Hare and the Psychology of Murder." This is to appear in the ANNALS OF MEDICAL HISTORY.

* * *

The historical shifting of emphasis in Medical Psychology is reflected in the recent choice of topic for the mid-sessional meeting of the venerable ABERNETHIAN SOCIETY of London, founded in 1795 by John Abernethy at St. Bartholomew's Hospital. By request, the subject "*Dreams and their Interpretation*" was dealt with from a modern point of view by Dr. Robert Armstrong-Jones of St. Bartholomew. It is a topic which the Founder would doubtless have wished to approach from the standpoint of "disordered states of the digestive organs" and to treat by "purging and attention to diet," in view of his celebrated skill in these directions.

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The co-existence of the old and of the new order in Japan is vividly portrayed by Dr. Naboru Ishida of Nagasaki, who writes a letter to the Editor of the JOURNAL OF INSANITY (April) on the treatment of the insane in Japan. The writer reveals extremes of good and of bad custodial care. On the one hand, disciples of Krafft-Ebbing, of Kraepelin, or of Ziehen have had full sway in

building certain institutions, establishing not only the now familiar no-restraint system, but also the more radical open-door plan. This is indeed more than many institutions in this country can boast of. But on the other hand, outside of this very small number of modernized hospitals, medievalism reigns: the insane locked in dark cages attached to their domiciles or in dungeons, and largely left to shift for themselves.

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As to the incidence of insanity in England, THE LANCET of May 5 expresses the idea that this is not really on the increase in spite of the prevailing impression in this matter. Judging from the annual report of the City of London Asylums this paper declares that the War as a positive factor in the insanity rate is not demonstrated. It seems that the lessened consumption and especially the decreased abuse of intoxicants, brought about through war-time regulation, operate to keep down the incidence.

* * *

In a paper on "*Shell-Shock*," Dr. Cecil P. Smyley, of Dublin, says: "One benefit that the War has already conferred upon us is that, owing to the separation of the officious nomenclator from his beloved lexicon and dictionary, we have the term *shell-shock* . . instead of some melodious and mouth-filling word, such as *bronteineurotaraxis* (*Bronteion*—artificial thunder, *neuron*—nerve, *taraxis*—a throwing into confusion.) The latter is really more appropriate for it seems hardly fair to crowd into two syllables the unnumbered symptoms which are grouped under the accepted title."

An article in the April number of the JOURNAL OF INSANITY carries the interesting conclusion that "The drift of opinion is unmistakably toward psychogenic basis of war neuroses of all types, including shell-shock." The article is entitled "*War and Neurosis*," by Clarence B. Farrar.

* * *

What may be called the Social Service point of view regarding the treatment of mind-disorders was expressed by Dr. Jessie Taft, at the fifth annual convention of the NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING, in Philadelphia in May. "There is a blank wall of ignorance and prejudice regarding mental disease to be overcome which is comparable to nothing in the field of physical hygiene" said Dr. Taft, "The ordinary man has not, as a matter of fact advanced very far beyond the period of superstition regarding mental diseases. You would have to leave the circle of the average intelligent citizen to find a person who still

treats physical illness as essentially mysterious—to be cured by something having no relationship to it, such as magic or a charm. But on the mental side the average citizen is as much a prey to superstition as if he had not been born in a scientific age."

Dr. Jessie Taft is social service director of the NEW YORK STATE COMMITTEE ON MENTAL HYGIENE. This committee has in recent years taken on a closer relation to the National Committee on Mental Hygiene, in effect occupying the place similar to that of the "Mental Hygiene Society" in other states of the Union.

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The May number of the AMERICAN JOURNAL OF PHYSIOLOGY contains no less than three separate papers by different authors on the adrenal secretion and its functions. Physiology may be said indeed to be at present riding on a wave of Adrenin, in view of the immensely increased prominence of this secretion in the literature Physiological Psychology, Emotional States and Surgical Shock.

Especially to be noted among these articles is one which bears on the purposive function of the adrenal secretion: it is by Edgar Allen Bedford, entitled, "*Epinephric Content of the Blood in Conditions of Low Blood Pressure and Shock.*" This investigation supports the idea that emergencies and physiologic stress tend to increase the production and distribution of adrenin as an offset to the threat of low blood pressure.

A new quarterly journal "*Endocrinology*" is now in its second number. It is published by the ASSOCIATION FOR THE STUDY OF THE INTERNAL SECRETIONS. The Secretary is Dr. H. R. Harrower, of Glendale, California. The announced object of the Association is to correlate the work and interests of many physicians and students throughout the world who are interested in the study of the internal secretions, the endocrine glands and organotherapy. The start of the Association dates from the early summer of 1916.

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The activities of the NATIONAL COMMITTEE FOR MENTAL HYGIENE are being added to by the publication of a new quarterly, "*Mental Hygiene.*"

Dr. Thomas W. Salmon of this Committee, is chairman of a sub-committee to furnish to the Government psychiatric units of 30 to 100 beds near the largest concentrations of troops. Miss Anne Thompson, of Philadelphia, by a donation of $15,000 provides for the first of such units; it will be connected with the UNIVERSITY OF PENNSYLVANIA MILITARY BASE HOSPITAL.

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A MENTAL HYGIENE CLINIC has been opened at the SAN FRANCISCO POLYCLINIC, with Professor Lillien J. Martin as psychopathologist. Prevention of mental ills as well as treatment of mental disorder will be the aim.

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Professor Yerkes, of Harvard University, is chairman of the COMMITTEE ON PSYCHOLOGY recently appointed by the NATIONAL RESEARCH COUNCIL.

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Dr. William Healy, formerly Director of the JUVENILE PSYCHOPATHIC INSTITUTE OF CHICAGO, is now in charge of the JUDGE HARVEY BAKER FOUNDATION, a similar institution in Boston. Dr. H. M. Adler will undertake functions in Chicago analogous to those of Dr. Healy.

* * *

Dr. Frankwood E. Williams, Executive Secretary of the MASS. SOCIETY FOR MENTAL HYGIENE has resigned and will be Assistant Medical Director of the NATIONAL COMMITTEE FOR MENTAL HYGIENE.

* * *

Dr. John I. Wiseman, who with Dr. Williams was formerly on the staff of the BOSTON STATE HOSPITAL, has become Assistant Physician at the CONNECTICUT HOSPITAL FOR THE INSANE.

REVIEWS

THE NEUROTIC CONSTITUTION. OUTLINES OF A COMPARATIVE INDIVIDUALISTIC PSYCHOLOGY AND PSYCHOTHERAPY. *By Alfred Adler. Authorized English translation by Bernard Glueck, M. D., and John E. Lind, M. D., New York.* Moffat, Yard and Company, 1917, $3.00 net, pp. 456.

There are distinct signs of dissension in the Freudian camp. And as a result of this intellectualistic conflict, we have as offshoots of the original and radical Freudian school, the group which centers about Jung on the one hand, and that headed by Adler on the other. This breaking away from standpatism is a healthy reaction, and of the two offshoots of Freudian psycho-analysis that led by Adler is, it seems to me, a more healthy one than that led by Jung. And yet both Jung and Adler have permitted themselves to carry with them some of the erroneous methods of thinking and of interpretation which we find so widely present in true Freudism, as it originally was and is.

It is to be noted that Adler apparently does not give the name "psycho-analysis" to his work. And in this he does well, since the term should have a limited connotation because of the history which centers about it as a nucleus. In fact, Freud himself, in his paper on "The History of the Psycho-analytic Movement" practically reads both Jung and Adler out of the psycho-analytic movement and would not dignify their work by the name "psycho-analysis."

It is because he has had the independence of thought and action to adopt his original viewpoints and cut himself adrift from the original Freudian movement that one feels like saying, to paraphrase the title of a recent popular song dedicated to our president: "We take our hats off to you, Dr. Adler."

Adler's work is a sign of progress in this field, and if his work had no other significance, it would be entitled to respect and appreciation for this alone.

To understand Adler's views fully, one should read, as a speaking introduction to this volume, his "Study of Organ Inferiority and Its Psychical Compensation; A Contribution to Clinical Medicine," translated by Smith Ely Jelliffe, as No. 24 of the well-known Nervous and Mental Disease Monograph Series.

In a brief introduction Adler gives the gist of his views, and Dr. William A. White does the same in introducing the book to the English-speaking world.

There then follow three chapters of the theoretical part of the work, in which the author's thesis is developed, these chapters dealing respectively with "the origin and development of the feel-

ing of inferiority and the consequences thereof," "psychical compensation and its synthesis," and "the accentuated fiction as the guiding idea in the neurosis." The rest of the book, comprising in this practical part ten chapters totaling approximately 310 pages, deals with various special aspects of the so-called neurotic character, such as avarice, suspiciousness, envy, cruelty, desire to travel, love, asceticism, sympathy, coquetry, narcissism, conscience, pedantry, fanatic attachment to truth, the derogatory tendency to disparage others, impatience, discontent, etc., etc. A final chapter on "conclusions" ends the work.

To really grasp Adler's views one must read the book. It is long, there is much repetition, and the thinking is frequently unduly complicated, but if one reads a chapter at a time, and then rereads the book once or twice carefully, one can get a good hold of Adler's views.

For presentation of Adler's views on organ inferiority one should refer to the monograph above mentioned, and his views in general have been given in English in articles by Stanley Hall, Amy Tanner, Putnam, Glueck, Parker, and in a few other places.

It is to be noted that, so far as I know, Adler nowhere gives us a definition of the sense in which he employs the term "neurotic."

A close reading of his book, as well as definite statements made by him here and there, shows that to him as to most of us the difference between the so-called normal and the so-called neurotic individual is one of degree, and that the neurotic merely presents, in heightened degree, the traits which we find in the normal.

Adler lays his groundwork by postulating the existence in the neurotic of organ inferiority, the possession of definitely inferior organs being in some way (just in what way this is brought about Adler does not indicate or prove) reflected upon the psyche (which is also not defined), as a result of which the so-called neurotic person has a feeling of inferiority or of lowered self-esteem. In order to overcome this feeling of inferiority or insecurity, and in order to attain a feeling of security, the neurotic attempts to compensate and in so doing overcompensates or goes to extremes, by the development of an aggressive, self-assertive tendency, taking as his goal the ideal of "will to power" which is the will o' the wisp which, unbeknown to him, draws him on and on, and leads to all his peculiarities of thought and action.

Now, we can go further than this, by applying all this to the so-called normal person, who differs from the so-called neurotic in degree only. Adler believes, in fact, that the very first cry of the newborn infant is a sign of the feeling of inferiority and insecurity or uncertainty, and that all subsequent efforts of each individual—all humanity—are for the purpose of avoiding this state of insecurity and inferiority and of attaining a feeling of security, by the

assumption of a false goal in life—the "will to power." Unreality or phantasy is, for Adler, at bottom nothing more than the quest for this false ideal of "will to power," which, originally adopted as the means to the end of security, is too oft followed as an end in and for itself.

These are the primary motives behind every effort of mankind, normal and so-called abnormal. Hence, every thought, every action, every trend of man, whether infant or adult, in myths, dreams, psychoses, ordinary daily life or what not, have these basic driving forces behind them. And, besides, the individual has no appreciation of the meaning of it all.

No matter what the tendencies or ideas or conduct of the individual may be, and this applies in more extreme degree to the so-called neurotic, the guiding idea behind all his efforts is the "will to power" and the attainment of security as a relief from the feeling of inferiority and insecurity.

This, then, is the unconscious motive, and for the accomplishment of this goal, all the mental mechanisms employed by Freud have free play (although Adler does not mention them), symbolism is used freely, and in all other respects the mechanisms elaborated by Freud and his followers may be employed—although Adler does not specifically pay any attention in this book to the unconscious and many of the other concepts of Freud, except to lay repeated stress on symbolism.

All other trends, even sexuality in any of its forms of expression, are secondary to the primary purpose of life mentioned above, and are but used as devices or means to gaining this single goal of life.

What more, if one reads between the lines, and if one pieces this "reading between the lines" together with certain definite statements made by Adler, his views apply not only to the activities of human beings, but, with the substitution of different weapons or instruments for the attainment of this end, to the life-activities of animals and plants—in fact, to all manifestations of organized activity or behavior or life—to any and every form of life from the unicellular type to the most complicated human being. This, then, as I see it, is a conception of "the world as will and idea." This means that Adler would have to define in what sense he would use the terms "will" and "idea."

Furthermore, Adler, instead of employing the term "will to power" without any qualifications, employs many substitutes. He insists that the so-called neurotic constantly contrasts in his mind inferiority with superiority, weakness with strength, being "beneath" with being "above," being "down" with being "up," feminine with masculine, woman with man, insecurity with security, and indulges in other similar antithetical modes of thought. And, still more, he employs "the masculine protest" as a sign of

his "will to power." Everything associated with feminine or female the so-called neurotic (whether male or female) considers an evidence of insecurity, inferiority and the like, while the reverse is in the direction of his goal—going "upward." There is thus in the neurotic a peculiar condition of psychic hermaphroditism, but this is nothing more than an evidence of the more fundamental struggle to avoid uncertainty, insecurity, inferiority, and gain security, certainty, superiority. In this respect Adler indulges in a considerable play on words which impresses one by its artificiality and his stretching the point to gain his end—to prove his case.

In order to gain his goal the individual is apt to hurry things and employ various means to this end as the ends themselves. This occurs in the normal and abnormal, by day and by night (dreams). Thus hallucinations, dreams (nocturnal), functional psychoses, all peculiarities of conduct (any and everything, in fact), are interpreted from this standpoint. The somatic symptoms in the psychoneuroses have the same significance, for the inferior organs are taken advantage of and used for the attainment of the same goal. Adler attempts to prove his case by peculiar reasoning and far-fetched analogies. He makes the error of falling into the trap of analogical thinking which he attributes to the so-called neurotic. He interprets things from his viewpoint and then attributes these motives to the so-called neurotic. In this respect he makes the same error as Freud and Jung.

Adler has replaced the Freudian sexuality with his new system of explaining the so-called neurotic, in fact, all humanity, even all life phenomena of whatever nature, but has permitted himself to make the same errors of thinking that we find in the writings of Freud, Jung and others.

Of course, Adler expresses many truths throughout his work. He sheds light upon the neurotic from many different angles. He makes one think—and think fast, too. But—and here lies the danger—if you don't think fast enough (or slowly enough) you are swept off your feet and accept *all* of his views.

My advice to the reader is to hold fast when he gets aboard Adler's train.

The book is very stimulating and thought-provoking, and contains many suggestive viewpoints.

What has been Adler's great error of omission? Although at times grasping the biological and evolutionary viewpoint for a moment, he immediately lets go of it, and reverts to his favorite theme and its tangled network, and tries to reduce all world-phenomena to will and idea, but of the specific type which he favors in this work.

Adler has missed the broad biological and evolutionary viewpoint. He has neglected the truly genetic viewpoint, with a sane view of phylogenesis. He has failed to consider the makeup of

man—his innate trends of many sorts, as developed in some well-known recent works on this subject. Genetic psychology has been given no consideration. The broad behavioristic viewpoint, up and down the scale of evolution, has been neglected for the most part.

In spite of his errors of omission and commission, Adler has contributed a work which I advise no one to miss reading carefully. It is of great interest, and a welcome rebellion against the purely sexual views of the extreme wing of the Freudian psycho-analytic movement.

Adler, in spite of it all, shows that he possesses a keen insight and excellent knowledge of the characteristics of the neurotically inclined individual, but his interpretations are too often wrong and he goes out of his way too often to reduce all tendencies to terms in harmony with his rigid viewpoints.

Very valuable are his concepts of organ inferiority, and his conceptions of the feeling of inferiority, insecurity and the battle for security, with the flights into fictitious goals. It applies, often remarkably accurately, to certain neurotics. One will find this especially true of the congenitally neuropathic and the so-called psychasthenic group of Janet. But is not one going much too far when one applies this interpretation to all cases, of whatever type, in fact to all effort, all dynamic energy? That Adler has given us an interesting viewpoint, traces of the truth of which we can find in any number of normal and abnormal individuals, there is no question whatsoever. It is the universality of the application of his ideas in this connection which one must seriously question.

Furthermore, Adler has considered organ inferiority only. How about all sorts of other inferiorities or handicaps or defects or lacks—call them what one will—such as poor financial conditions, handicapping social status, paucity of opportunities in life, poor training (home, educational and vocational), etc. Can all these causative factors which may bring on a feeling of inferiority and insecurity with the sort of reaction Adler mentions in his book, be reduced to terms of organ inferiority? And it must not be forgotten that Adler really means, or so it seems to me, congenital and too often inherited organ inferiorities. This is a question which one can discuss at great length, but it cannot be entered into in this place.

To critically discuss this book and separate truth from fiction, one would have to write another book.

One can see evidences here and there in this work of some resemblance between certain of the views of Adler and those of others, such as Janet and the French school, Bergson, Jung, Freud, Sidis, certain German philosophic trends, and even the behaviorists and neo-animists.

This means that there is much truth, much of great plausibility, much that is suggestive and seductive in Adler's book.

Let us hope that soon Freudians and non-Freudians, Jung, Adler, Dubois, Janet, Prince, Sidis, the other psychopathologists and with them the psychologists of the so-called normal (who, themselves, are finding it difficult at present to define "psychology" to the satisfaction of all of them), will meet together on common ground, speak the same language, understand each other, and work together toward the common goal—the understanding and unravelment of the make-up of man. And let this understanding be built upon a broad, truly biological foundation.

The mistakes of Freud and Jung and Adler should be lessons to all of us to go more slowly in jumping to conclusions, to avoid too one-sided interpretations, to scrutinize carefully the analogical method of thinking.

And, if, in all this discussion, no personalities are injected and all confine themselves to strictly scientific considerations, it will after all, be well worth while. "All's well that ends well."

There are big days in store for psychopathology. And may they come ever so quickly.

The translators have done remarkably well in their rendition into good English of a complicated and difficult German. To them are due our thanks and their well-deserved meed of praise for their labor.

MEYER SOLOMON.

MENTAL CONFLICTS AND MISCONDUCT. *By William Healy, Director Psychopathic Institute, Juvenile Court, Chicago.* Boston: Little, Brown & Company, 1917. $2.50 net.

I wonder whether any of you, on reading this new book by Healy, will recall the lines of Joaquin Miller, which I have seen labelled "The Dreamers" at one time and "Drifting Souls" at another. It is the latter title which strikes me as most suitable, especially à propos of the cases recited by Healy in the book before us. I give the first two verses.

> Ah! there be souls none understand;
> Like clouds they can not touch the land,
> Drive as they may, by field or town;
> Then we look wise at this and frown,
> And we cry, "Fools," and cry, "Take hold
> Of earth, and fashion gods of gold."
>
> Unanchor'd ships, they blow and blow
> Sail to and fro, and then go down
> In unknown seas that none shall know,

Without one ripple of renown.
Poor drifting dreamers sailing by.
They seem to only live and die.

Although Joaquin Miller's lines were intended by him to apply to a different group of persons than those described by Healy in the volume under review, still these lines do apply in a sense to these young persons whose trials and tribulations are presented to us by Healy, and who are being buffeted about by winds that come too oft, they know not whence.

Like every good book of the sort before us, like every work dealing with the problem of conduct, behavior, normal or abnormal, much could be written in discussion of the various aspects brought to our attention by this book by Healy.

In the preface Healy assures us that his studies are tied to no psychological school.

In his introduction the author tells us that this work is the result of several years of observation of cases considered ample in number and watched sufficiently long for an estimate of the ultimate outcome.

In this book there are considered cases in which, with the help of certain subconscious mental mechanisms, certain special, active, dynamic, hidden mental reactions to experiences were considered responsible for the end-result of misconduct of one sort or another, including whole careers of delinquency. These persons experienced an inner urge or drive toward misdoing which was opposed to the real conscious desires of the individual. In most cases the chain of causation was not self-perceived or self-formulated. The presence of mental conflict in these cases is shown by repressions, the escape of the energy along undesirable lines and the resulting misconduct.

The sexes were about equally affected. In two series of one thousand cases each seven per cent of the cases were found to be of this type—although many such cases were no doubt missed. The great need of changing the environment in these youthful patients after the unearthing of the inciting factors is brought home to us. On page 12 is given the list of offenses which have been found to arise in some cases on the basis of mental conflict.

Three chapters of general discussion, entitled "General Principles," "Applications" and "Methods" precede the presentation of specific case histories.

Healy agrees with the reviewer that it is best to use the phrase "mental analysis" rather than the term "psychoanalysis" when speaking of the present analytic trend in psychopathology. He gives full credit, however, to the Freudian school for their work, and himself makes use of the very helpful mental mechanisms developed by that school. He justly says that analysis is easier and more direct in his youthful offenders than in more

chronic psychoneurotics or older habitual criminals. He mentions the types relatively unsuited to mental analysis, and rightly asserts that even in the feebleminded delinquent it is not enough to say that the offender is feebleminded but that it still remains for us to determine the "why" of the recurrent impulse to misconduct in each particular feebleminded individual.

Practical hints for the prevention and cure of these cases is given in the chapter on "Methods." By ordinary history taking and cross questioning have the facts in these cases been unearthed.

Chapters V to XV inclusive are devoted to the citation of specific illustrative case-histories. The headings of these chapters are: Conflicts accompanied by obsessive imagery, Conflicts causing impelling ideas, Criminal careers developed from Conflicts, Cases readily analyzed, Difficult cases, Conflicts from sex experiences, Conflicts from sex knowledge, Conflicts concerning parentage and other matters, Conflicts in abnormal mental types, Conflicts resulting in stealing, Conflicts resulting in running away, Conflicts resulting in other delinquencies.

To the psychopathologist the most valuable contribution in this work is the series of case-histories offered for critical examination, and the general conclusions of a practical nature plus the application of the modern analytic principles.

In an early chapter Healy briefly discusses fetishistic stealing, exhibitionism, voyeurism, homosexuality and other perversions, sadism and masochism as forms of delinquency.

Sexuality is to be found in almost every case, and is the direct causative factor in some cases clearly and in other cases less clearly distinguished. It is interesting to note how often the delinquent who is the victim of mental conflict learned about sex affairs and stealing from the same person.

In his final chapter of "Conclusions" Healy declares that in his group of delinquents as the result of mental conflict abnormally unstable nervous systems and heredity could not be blamed in the average case, no special type of character, temperament or disposition was found, their general abilities range far above the average of other delinquents, and a summary of the various mental tests employed shows them to be of no value in getting to the bottom of these cases.

Lack of proper parental control and absence of close confidential relations between parents and children is a tremendously important factor.

In general it must be said that the book is full of valuable hints of a practical nature which can be made use of by all those who have to deal with delinquent offenders of the period of adolescence, puberty and earlier.

It is a distinct contribution to criminology and the study of misconduct in general, for Healy has demonstrated by actual case-

records that mental conflict may lead to delinquency of varying degree.

It seems to me that it is probable that many other types of mental conflict than are to be found in the cases narrated in this book may be responsible for misconduct. For example, the problem of school or vocational fitness, efforts to direct the energies of the child along the lines for which he is least fitted (disabilities) with neglect of his innate capabilities is unquestionably responsible for a certain proportion of delinquency. Vocational problems are more apt to be in the foreground after the working period has begun. Healy, however, mentions this point in his book, and I understand, too, that a volume devoted to this very subject is to appear soon from the pen of Dr. Augusta F. Bronner, his assistant.

In going carefully over the histories of the patients, especially with respect to their mental conflicts and repressions, it is noted that in practically all the cases the patient's memory for the facts of the conflict was good, he knew all about it, and once his attention was directed to this aspect of his trouble he was able to give full information about it. Also, just preceding each act of delinquency there was frequently a repetition of the same mental conflict which was not buried. Here, as with the psycho-neuroses, the afflicted one may be entirely aware of the dynamic source of his misconduct, or he may not have critically examined or reflected upon or studied the steps in the evolution of his trouble, and so apparently knows nothing as to its underlying source. In fact the cause of the delinquency is right before us, on the surface, so to say, for him who looks for it in the right direction and knows how or rather takes time enough to unearth the history in piece-meal fashion.

Healy adopts a sane, rational, broadminded, careful viewpoint in this matter, and he does not allow himself to use the mental mechanisms with a free hand, or to invoke the aid of the all-powerful unconscious, symbolism, and so forth in an uncritical manner.

He believes rather in being long on facts and short on theories, especially of a too generalized and sweeping nature. In this respect some may feel that he has perhaps not made sufficient efforts to arrive at certain general principles from a study of his excellent material. Healy, nevertheless, has probably followed the right course in refusing to indulge in generalizations which may be unfounded in this first contribution to the subject of mental conflicts as a cause of delinquency. Better go slowly but surely in this respect, since otherwise discredit may be thrown upon newer studies at present in their infancy.

A reading of the various chapters in this book will stimulate one to deep thinking on his own part, and each of us will have some general truths flash up in his mind. Let those who would
[illegible] fruit of Healy's studies in this line for the elaboration of
[illegible]iews, do so to their full satisfaction.

A lengthy discussion could be here entered into from this stand-point, but it would have to deal with generalities, reduction to principles, and the like. And since such discussion would apply as well to the psychoneuroses, alcoholism, and other types of misdirected energy, we may well omit it in this review.

It must be noted, however, that what leads one person in the direction of legal misconduct or delinquency or criminality, if you please, may lead another to alcoholism, still another to a psychoneurosis, yet another to a full-blown psychosis of the major type, and so on.

No one who is interested in behavior, normal or abnormal, from the biological, psychological or sociological points of view, can fail to read this volume without losing the benefits, direct and indirect, of the first book attacking the so-called criminal, better called delinquent or misdoer, from an entirely new avenue of approach.

Healy is surely justifying the claims of the value of the physician (psychiatrist and neurologist) to society in many ways not yet dreamed of by a mass of the population.

MEYER SOLOMON.

WIT AND ITS RELATION TO THE UNCONSCIOUS. *By Professor Dr. Sigmund Freud, LL. D. Authorized English Edition, with Introduction by A. A. Brill, Ph. B., M. D., Lecturer in Psychoanalysis and Abnormal Psychology, New York University; former chief of Clinic of Psychiatry, Columbia University, New York.* Moffat, Yard & Company, 1916. $2.50 net.

An abstract of this book by Freud need not be here given, since his views on this subject are already known to most of the readers of the Journal of Abnormal Psychology. In fact, Brill, in an article in the Journal, which article is included in his "Psychanalysis: Its Theories and Application," has presented, in abstract, the views of Freud as expressed in this work before us.

Of the writings of Freud which I have read carefully, up to date, I would say that there is less to criticize in this work then in any of the others. It is a distinct contribution to the psychology of wit and its related states. In fact it is one of the best works written on this subject. Freud attacks the subject with originality and vigor, he lightens up many dark places, and, withal, gives us an interesting, stimulating and suggestive volume. There is food for thought for future years and years, in this welcome work.

Although Freud makes use of the mental mechanisms which he so universally employs, this work is distinguished by the fact that while writing it Freud apparently forgot about his sexual theories, or else he thought it wise not to bring them into the foreground. In truth, if Freud really believes that his sexual theories as applied to the psychoneuroses, dreams and other con-

ditions, are true to form, then above and behind or below and behind all other possible motives or dynamic sources responsible for the production of wit and its allies, we must find hidden the same old sexuality in the same old forms as Freud has developed them. In other words, the pleasure obtained in these mental states, resulting from "economy in the expenditure of inhibitions or suppressions," must, in the end, be reduced to sexuality—if Freud's ideas, as expressed in some of his other works, be true. That Freud has failed or has not cared or dared to apply his views in full force to wit and its cohort, is, it is plain, very significant.

Be that as it may, we must heartily commend this particular work, and it goes without saying that it should be owned by all who are interested in Freud's views, and by all who are battling with the problem of the meaning of certain psychic states or trends—wit, laughter, relaxation in one form or another, dreams, and a host of other phenomena.

Since Brill, Freud's representative and official translator, has again done the difficult work of rendering Freud's offering into English, the English version of this volume is all that it should be, and the translation has been done carefully and sympathetically.

We may confidently bespeak for this volume a wide circulation among all sorts of people. Especially is this to be expected since Freudian psychoanalysis has broken out of the ranks of purely medico-psychological readers and students, and has invaded the rank and file of the average reader and dabbler into things literary and even scientific.

MEYER SOLOMON.

BOOKS RECEIVED

JESUS, THE CHRIST IN THE LIGHT OF PSYCHOLOGY. *By G. Stanley Hall.* Doubleday, Page & Co. Pp. XIX and 733. 2 vols. $7.50 net.

ANTHROPOMETRY AS AN AID TO MENTAL DIAGNOSIS. *By E. A. Doll.* The Training School, Vineland, N. J. Pp. 91.

HINDOO MIND TRAINING. *By An Anglo Saxon Mother.* Longmans, Green & Co. Pp. XXIV and 536. $2.75.

PHILISTINE AND GENIUS. *By Boris Sidis.* R. G. Badger. Pp. XXVII and 122. $1.00 net.

GENERAL TYPES OF SUPERIOR MEN. *By Osias L. Szhwarz.* R. G. Badger. Pp. 435. $2.50.

RATIONAL SEX ETHICS. *By W. F. Robie.* R. G. Badger. Pp. 356. $3.50.

TWO STUDIES IN MENTAL TESTS. *By Carl C. Brigham.* Psychological Monograph Series. No. 102, Pp. 254. $2.50.

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ORIGINAL ARTICLES

THE PSYCHOLOGICAL CLINIC OF THE SOUTHERN CALIFORNIA ASSOCIATION OF APPLIED PSYCHOLOGY

REPORTED BY F. E. OWEN

Head of the Department of Psychology, University of Southern California

IN September, 1915, the Southern California Association of Applied Psychology, of Los Angeles, opened a psychological clinic. This clinic was continued in September, 1916, in conjunction with the Department of Psychology of the University of Southern California.

The clinical work was conducted under the direction of the President of the Association, Miss Margaret Hamilton, practicing psychologist, who during many years of private research and practice had developed principles and methods of psycho-analysis and re-education which she has kindly permitted the writer to discuss in the following pages. The success of our clinical work has been due to Miss Hamilton's generous contribution of time and technical knowledge and skill. The writer makes grateful acknowledgment of the privilege of intimate study for the past three years of the methods and principles used, and for the opportunity of observing and applying them in constant clinical demonstration during the past year.

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The aim of this report is to set forth the general outline of the problems that gave rise to the ideas and technique demonstrated in the clinic, the range of the clinical work done and the bearing of the methods and principles upon mental hygiene and upon the more vital problems of general education.

The record of the progress of civilization may be interpreted as the story of growing control attained through the development and control of the mental life. Fundamental to the growth of effective control of the mental life is the problem of securing adequate motivation. The sources of motivation must be properly tapped in order to make the thought processes dynamic, and also in order to give them the greatest amount of constructive freedom in solving the problems of adjustment.

The intellectual processes which educational procedure strives so hard to make effective are under the control of the sources of motivation, the emotional and volitional life. When these sources are untouched, intellectual processes fail to become dynamic, vital, and even the physiological processes do not function at their highest and most efficient potential. When these sources are repressed or misdirected, there not only follows profound failure of successful physical adjustment, showing itself either in various forms of physical illness, or in lowered bodily efficiency, but also, what is still more important, conduct guided by the intellectual processes which are called forth by misdirected or repressed emotional life fails of the most effective control in the adjustment process, or is positively destructive in its program.

The place for foundational control is thus to be sought in the emotional and volitional life. It is sound psychological fact that out of the heart are the issues of life. Of this fact man has long been convinced although his thought about it has been without sufficient concreteness to give him either satisfactory access to or adequate control of the back-lying causes of conduct. We propose to show that there is a simple and direct mode of approach to these back-lying causes, and a method by which they may not only be brought to light but dealt with successfully so that the control for which educational procedure seeks may be more surely

secured and human life brought to a higher level of constructive efficiency in meeting the problems of adjustment.

No thoughtful observer of human life can fail to be impressed and deeply disturbed by the waste on all sides that is apparent in the large amount of failure to meet successfully and efficiently life's demands. In one way and another society is carrying along a heavy load of those who, for some reason, are failing totally or in part to contribute to the full of their capacity in caring for themselves and in filling their proper place in the common tasks of human progress.

In spite of the great and effective advances in medical science, in scientific methods of sanitation, disease prevention and cure, we are told that our rest-cures, our hospitals and sanatoriums, our insane asylums, our psychopathic institutions are full to overflowing. Though wastage through plagues of the mediaeval sort can never be again, yet everywhere men and women are suffering defeat and failure through physical wreckage, nerve-strain, over excitement, the modern rapid pace in the striving for place and power. Moreover, the common run of diseases are taking their usual toll of lost time and weakened bodily powers, and because this state of affairs is usual, because we are accustomed to so much of human ill, we tend to become calloused, to look upon it as inevitable, unavoidable. "There has to be about so much illness," we think, and we go on our way submitting to what seems inevitable because it has not yet occurred to us that this is one of our problems, just as commonly recurring epidemics once were, and that we are taking the same attitude of either hopelessness or indifference toward this state of things as was taken by our less enlightened ancestors toward plague ravages. With all our progress, waste in various forms still goes on, and to much of it we are apathetic, indifferent. So long as the machine keeps running with some degree of success we are inclined to be contented. But from some source, or sources, physical waste is being propagated and continued. Our methods in the past have always been to search for the controlling causes of the difficulty and to remove them. Are there causes, as yet understood not at all, or only imperfectly, which we can

seize upon and put under our control? Causes there must be, and only the pessimist would deny that there are also remedies, and that we shall find them.

But the wastage is not all primarily of the physical sort. Wastage through failure of adequate adjustment to life shows itself in the presence of poverty, alcoholism, crime, vagrancy, delinquency, and uncontrolled sexual life. Here again, modern scientific method has stepped in, and in the form of social surveys and social service programs has gone far towards discovering and relieving environmental conditions which are contributory to these forms of waste. But while the results obtained are gratifying, we must recognize the fact that we have not succeeded in eliminating the evils to any satisfactory extent. After doing all that can be done for the improvement of environmental conditions, there still remain the internal conditions, the psychological factors, which are primarily the reason why men and women fail to meet the external conditions successfully, and which are at bottom the reason why the major portion of environmental social and economic evils arise and continue.

It is not a complete explanation to say that environmental conditions are unfavorable to efficient living. We must know why the individual succumbs to the conditions instead of surmounting them, and why these conditions arise and are permitted to continue. It is the common experience of social campaigns that after proper legislation has been secured, after evil environments have been cleansed, many fail to show any marked improvement in meeting the responsibilities of life, and left to themselves, they soon drift back into as squalid conditions as when first the effort was made to help them to higher levels. And we must not be blind to the fact that wastage, wreckage of the worst sort, is by no means confined to the people living under grossly improper environmental conditions, but is rampant where external conditions are of the very best. We are inclined to ignore the failures among the "better classes" merely because good housing, good clothes, plenty to eat, etc., give the appearance of respectability to conditions of life just as evil, to failure in personal efficiency just as profound as any

found among the poorer classes with their less fortunate environment.

The fact remains, that after untoward environmental conditions have been given full credit, after one has taken proper account of actual mental and physical deficiencies, the primary factor in the production of economic, social and moral failure is to be found in the life of intellect, emotion, and volition. And while there must be no cessation of our every effort to give men and women and children increasingly better opportunities for a more abundant life by improving the external conditions of success, sound wisdom directs that the success of our efforts to lift humanity out of its failures, its wastage, will lie in going to the heart of the matter by dealing more directly and effectively with the underlying, fundamental causes through grappling with the internal, psychological factors. These factors are the same, ultimately, for all human beings, whether we deal with the evils of our poor and outcast population, or with the broken lives, the inefficiencies and failures of the so-called "upper strata" of society.

When we face the facts frankly we clearly see that our sanatoriums and asylums, our jails, our bread-lines and haunts of poverty and crime are the unsightly open sores resulting from the exaggerations of the wastage, of the misdirections and the perversions of human power that are present under less evident and less manifestly disagreeable forms on all sides, among all classes of people. We rub elbows with this state of things wherever we turn. Professor James has said truly that even the best of us actually use in our constructive activities but a fraction of our energies, and it is easily evident to any observer that much of the power that is used goes into "lost motion," is not used economically, represents strains and stresses and frictions that are wasteful of energy which, if spent upon life's adjustments, would bring a larger degree of success in the fight.

The problem of education might well be described as the problem of the elimination of human waste and the liberation and direction of human power at its highest potential in the most direct and efficient fashion upon the problem of control: control of individual powers and capaci-

ties and control of environment. Nowhere should we find the adjustment process more successful, surely, than in our schools of higher education. And men and women trained in our high schools and colleges may well be expected to show a higher degree of adequate adjustment than those who have not enjoyed such opportunities. By the time the student has entered college a firm foundation has supposedly been well laid which should insure his successful adjustment to life as he is to meet it in its varied forms in the higher school. And yet there is no teacher or parent who does not know that the number of those who go through two or more years of college work with more than mediocre success is not large, that many in the school ranks are failing to reap the supposed benefits of their college life, that many are keeping abreast of the demands upon them at great cost to their energies, while partial or complete nervous and physical breakdown is by no means uncommon. And many more there be who are making moral failures in the adjustment process which bring sorrow and loss in their wake. After all is said in favor of the greater success of the school-trained individual, there remains this fact to be faced, that large numbers of our college-bred men and women are to be found in the ranks of the down and out, and many more in the ranks of the mediocre, the half-failures, instead of among those who are making constructive, adequate contributions to society as might confidently be expected had their school training eliminated the waste of energy and brought their powers to the high degree of efficiency and control which it is supposed to do. In spite of all that we teachers do to develop effective power, we succeed only partially with some, and fail with many more.

Our position is that the reason for this failure is not to be laid to general natural incapacity on the part of the student in any large percentage of the cases, but to causes and conditions within the individual which can be discovered and eliminated, and that this discovery and elimination of the causes for waste and inefficiency in the adjustment process, which not only interfere with the gaining of the greatest values from the school training, but which continue to block success all along the way, constitutes one of our

most vital educational problems. Properly understood, it is basal to all the rest of our educational procedure.

Too long have we lulled ourselves into academic anaesthesia by attributing the failures in college life to conditions beyond our control or outside our special province. True, we insist, within limits, on certain hygienic measures of exercise, proper food, medical inspection and care. The value of as much attention as this to the purely physical barriers to success is not to be under-estimated. And yet every teacher knows that there are many students who give due care and attention to all these matters of good physical regime, and yet who do not seem to generate thereby the physical vigor necessary to carry them along through the stress and strain of hard and persistent application with ease and buoyancy and efficiency. But we have formed the habit of avoiding all responsibility by laying this state of things to the "natural" incapacities of the student's physical machinery. Such students we say are "naturally not strong," they are "frail," "delicate," "high strung;" they are "overworking," "of nervous temperament," etc., *ad nauseam* as though to give ourselves over to manufacturing vague terms brought a satisfactory solution or explanation of the difficulty. When we have covered over the problem with a vain show of words, and have relegated the difficulty thereby either to the realm of native incapacity mentally, or to physiological imperfections, we are satisfied that it is outside our jurisdiction, it is not our affair, but belongs, for correction, to the physician.

The truth is that there is much physical waste and inefficiency and ill-health that cannot be laid to the door of wrong diet, insufficient exercise, irregular hours, or the incursions of various diseases. And there is also much mental waste and inefficiency that cannot be laid to mere native incapacity, physical or mental, as the primary cause. It was the conviction that the causes of failure to meet life's demands, as outlined in the preceding paragraphs, are to be found primarily in the mental life, and that these causes can be discovered and controlled by psychological methods, which led Miss Hamilton to the discovery and development of the principles of psycho-analysis and re-education which

she has used successfully through many years of constant practice and which she demonstrated in our clinic at the University.

From the above outline it will be seen that our problem, while it includes the pathological conditions of mind and body which may be found to be of mental origin, bears primarily, not upon these conditions, but upon the whole range of personal adjustments which is taken into account by all educational effort. The view of education as adjustment is not new, whether one considers either the intellectual or the moral aim. And while our work has an important direct bearing upon intellectual success, it is not primarily directed at the training of the intellectual life as this is commonly attempted by our educational disciplinary programs. We are attempting to deal as directly as we may with the emotional and volitional aspects of mental life. The major efforts in this direction have been confined, for the most part, in our educational procedure, to the presentation of religious, moral and intellectual ideals in the hope that these would get themselves built into individual character. But it is one of the most familiar facts that minds may be supplied with rich stores of experience and trained to the finest cutting edge of logical keenness, and yet out of these stores of experience the intellectual processes use material that is built into either partially or wholly destructive programs of conduct. The failure is not due to faulty functioning in *form* of the well-trained intellectual processes, nor to any lack of constructive ideal material available. The failure is more largely due to the readiness of the intellect to accept false premises, to its tendency to be guided by a false scale of values, to the wrong selection and use of materials, and thus to the failure of constructive ideals to function in controlling thought and action.

It is a matter of common knowledge that any deep-seated emotional bias or attitude inevitably colors all judgments, and in so far causes the individual thus affected to fail of the most successful, clear thought and efficient action. Case after case might be cited from any one's experience of persons who have gone down to actual destruction, or who have failed of highest attainment, or the most fruitful con-

tribution to social and personal values because of some bias that has kept them self-centered, or devoid of the courage of their convictions. All their thinking has been so motivated by the emotional attitudes present that it has led into blind alleys and has fallen into self-contradictions in the outcome of the adjustments secured by it. These emotional biases or attitudes run all the way from the most trivial and momentary acquired interests to the most fundamental instinctive inherited trends of human nature. They may function consciously or quite without the individual who is motivated by them being conscious of their influence upon him to determine his thought and action. The intellectual blindness occasioned by deep-seated biased attitudes is seen in the frequent example of men at the head of great business ventures, grasping for power, and more power, who little by little prepare the way for the disastrous labor wars with their consequent losses of material, time, money and lives. And yet, in spite of this contradictory outcome, these men persist again and again in their programs of destruction until they are restrained by tardy legislation. Intellect, the finest in the country, is here the servant of greedy passions, and it brings to pass failure instead of success.

In the large, one might point to the whole program of militaristic "efficiency" which is bringing untold destruction upon the modern world. This program was wrought out by the keenest of minds; minds having at their disposal all the contrary experience of human history, all the high ideals of the ages, all the finest training that can be given the logical processes by our modern educational machinery. And these minds conceived cunning plans by which they were confidently hoping to attain place and position for themselves and their followers. Blinded, misled, and deceived by sources of motivation that never yet have succeeded in moving men to constructive programs, they have their answer in the cataclysm of failure and destruction and ruin which has come upon them, and through them upon the whole world.

Everywhere the principle is the same. With the poor or with the prosperous, with the weak or with the powerful,

with the one, or with the many, the ideas that arise and the use that is made of them are but the end result of processes lying back in the emotional life.

Control of the emotional life is thus seen to be fundamental to the constructive functioning of the intellectual processes. Constant demonstration was given in our clinic of specific, direct, and effective methods of discovery and control of the emotional life upon which hinges volitional control. With the changing, by the methods of re-education, of the emotional biases or trends there resulted adequate and constructive volition, the tendency to be influenced by false scales of value disappeared, and the valid ideals, hitherto merely intellectually assented to became dynamic realities in guiding the adjustment program. An individual thus rid of emotional blocking and re-educated at the foundations of motivation meets his life's problems with ever growing efficiency because of the fact that his higher perceptions, his insight and understanding are no longer under the domination of blind emotional tendencies. Thus one great source of inefficiency and waste is discovered and removed.

But there is another fundamental way in which the emotional life is frequently a source of waste. Attention has been called above to the fact that much of our energy goes into "lost motion," is wasted in strains and tensions and frictions. Again an appeal to our common experience shows us how intense emotions of any kind consume energy and leave men and women exhausted and depleted from the loss. Attention from many quarters has been called to the ennervating effects of anxiety, worry, fear, and "nervous tension," and there has been much exhortation tc cease from these injurious emotional attitudes and to lead the "simple life." Here again the attempts at correction have been vague and indirect.

But while attention has been often directed to these grosser and more evident forms of emotional waste—a waste that weakens the physical powers and dulls the capacity for clear and constructive thinking—there is need of knowledge of the fact that there are constantly present less evident emotional conditions, both conscious and unconscious, that

waste the energies and rob the individual of his ability to see his problems clearly and form adequate programs for their solution. These emotional attitudes are technically known in more recent psychological literature as "complexes."

It is a commonly noted fact that men and women in every station in life are prone to map out programs for the conduct of their affairs that lead to the restriction of success, and oftentimes to actual failure, due to the conscious or unconscious fear of losing their positions. The constant evasion of moral responsibility, as well as the short-sighted business plans resulting from economic fear, are too evident on all sides to need further comment, while on every hand men and women are working at lowered efficiency and are meeting with disappointment of their hopes and desires, many actually breaking down in health under these emotional strains and stresses that are slowly sapping away their mental and physical strength.

It is a common-place of modern psychological knowledge that all reactions to incoming stimuli, all responses to situations, are determined either by the original nature of man (reflexes, instincts, and capacities), or by that original nature as it has been modified by experience. It is further accepted that this inner life of ours is impulsive in nature and seeks satisfaction along the line of some form of expression, and that those forms of expression that bring satisfaction tend to be repeated and to form permanent pathways of response. Response is along the line of the "satisfyers" and hence we may say that all activity is emotionally motivated, a seeking for the satisfaction of the emotional life.

It is further accepted that this inner mass or complex of ideational and emotional life may function both consciously and unconsciously in its determination of the nature of the reactions to the outer situation, and that in the determination of the reactions the greater influence is exerted by factors lying outside of consciousness. Very frequently, what appear to be the conscious factors bringing about response are but rationalizations of the unconscious factors.

These attitudes and tendencies constituting the individual character have long been looked upon as more than relatively fixed. The changing of even lesser and more

superficial habits is notably a difficult and relatively unusual thing, while the changing or uprooting of the deeper-lying attitudes that are foundational to the personality's modes of response is regarded in much psychological literature as next to impossible, accomplished, if at all, only by some sort of emotional upheaval such as sudden conversion, or some other profound emotional disturbance either sudden or long continued, or else by patient and frequently painful experience and educative effort extending over a long period of time.

Two things thus stand out as eminently fundamental. First, there is need of more efficient and direct ways of establishing desirable habits, desirable fundamental attitudes, desirable channels of outlet for the impulses of life from childhood on through maturity. Second, more efficient and direct ways need to be devised for the changing or nullifying of injurious or undesirable habits and fundamental attitudes anywhere they may manifest themselves along the advancing years. The aim of the clinical demonstrations given at the University by Miss Hamilton was to indicate the direction in which the solution of these two problems may be found. The methods used showed invariably in a wide range of cases that it is possible to uncover and bring under the control of the personal consciousness of the individual those deep-seated and underlying influences or attitudes, those fundamental tendencies that are at work giving habits their power and interfering with the most satisfactory adjustment. Furthermore, by an intensive process of re-education it was shown that it is possible to free the personality from the domination of harmful habits and disturbing tendencies, and to furnish adequate and satisfactory channels of outlet and expression for the hitherto pent-up, or misdirected, and hence unsatisfied emotional nature. The methods used give direct and immediate access to the sources of the mal-adjustments, whether these causes be conscious or unconscious, and furnish an opportunity of dealing with them more rapidly and effectively than is possible through the existing methods of general education.

With a limited range of pathological cases only, some

notable corrective work has been done by such men as Morton Prince, Sigmund Freud, and his disciples. Whatever else may be said in approval or disapproval of the Freudian school, its methods and theories, this much should be frankly recognized by everyone: that Freud and his followers have furnished abundant scientific evidence of the pathological effects, physical and mental, proceeding out of repressions, perversions, and fixations of the sex life. And while Miss Hamilton has by no means neglected this very important and fertile source of difficulty, she has extended her investigations into the whole range of the manifestations of the emotional life as it arises in connection with any and every sort of human impulse, instinct, capacity or interest. It has been amply demonstrated by her, both in private practice and in our clinical work, that repressed, misdirected, or unsatisfied emotional life is responsible for a wide range of disturbances and mal-adjustments in both the mental and physical fields, ranging all the way from the most extreme pathological difficulties to the finer errors in adjustment which are in no sense pathological, but which keep men and women from attaining their best in the complex business of living. And while unmistakably neurotic conditions are sometimes present as contributing causes to emotional waste, it is by no means possible to class all those who are failing of satisfactory adjustment, whether the difficulty has become pathological or not, under the convenient term "neurotic."

In our clinical work during the past year we have dealt not only with various kinds of pathological cases made familiar to the reader of the literature of psycho-analysis, but also with a wider range of pathological and semi-pathological cases, and have extended our methods to include all instances where the emotional and ideational life is found to be causing waste, failure, or partial inefficiency in the adjustment process. There is not wanting abundant evidence of the serious effects of the repression or perversion of the sex life (using that term in its broad Freudian sense), and there is also abundant evidence that disturbances of a serious nature find their roots in other primary causes. Above all, while the methods used make possible the cor-

rection of those difficulties that are pathological or bordering on the pathological, and this is a necessary and important phase of the work, it should nevertheless be noted that the most significant and important contribution and application of these methods and principles are to educational procedure because of the understanding and control which they afford of those habits and emotional trends upon whose proper direction depends the success of both the intellectual and moral education of the normal, healthy individual.

In the analysis which is undertaken, while use is made of the "free association" method, no use is made of hypnosis, dream interpretation, or of the Freudian system of symbols. Psycho-analysis, as the term is generally used and understood, refers to the Freudian methods or to some variation of them. But the term should not be thus limited, for any procedure by which the conscious and unconscious life are brought into clear light for examination and understanding may rightly be called psycho-analytic.

The self is a complex bundle of inborn tendencies seeking satisfactory outlet or expression. As might be expected from *a priori* considerations, mal-adjustments may come about from the misdirection or repression of this emotional life anywhere along the years from childhood through maturity. It is the misdirection or repression of the emotional life that is the primary cause of more manifold forms of human illness, wastage, and failure of full achievement than has as yet been properly recognized and effectively dealt with. The clinical work done at the University was for the purpose of demonstrating this fact, and to give hope that these conditions may be more directly and efficiently corrected than has heretofore been possible through existing educational methods. The methods that reveal the causes may properly be called psycho-analytic, while the methods by which these causes are corrected are primarily a matter of the re-education of the emotional and volitional life at the sources of motivation.

We plan to publish as rapidly as possible reports of cases to make clear the position that in instances of faulty adjustment and waste growing out of the mental life the causes can be discovered and removed. It will be possible

in detailing the cases to make clearer the nature of the technique of analysis used in the discovery of fundamental causes, and to present the methods of re-education whereby the individual learns the control of the fundamental tendencies of his own nature, so that the repressions, the inhibitions, the tensions, are removed, satisfying channels of outlet discovered, and the life brought to its normal level of efficient expression. It will ultimately appear from our studies that the fundamental task of psycho-analysis and re-education is that of bringing to pass a harmonious unity of all the various interests represented by the complex inborn tendencies of the personality. In essence this unity is a moral unity, for it involves the harmonizing of all the urging capacities and powers of the self with those fundamental laws of life, which, when obeyed, make for progressive, constructive, satisfying self-realization in the complex adjustment process called life, a process which has the individual and physical needs at one end, and the social and spiritual needs at the other.

INSANITY IN AMERICAN PRISONS AND THE PRISON PSYCHOSIS*

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THE prophylaxis of insanity among criminals is that of insanity as occurring among any other class of society. The only exception that might be taken to this statement would be the consideration of a psychogenetic psychosis occasioned by imprisonment, the so-called "prison psychosis," which is rapidly passing from recognition as a clinical entity.

Insanity may be in its incipiency, or rather fully developed in some cases at the time the crime is committed and during the subsequent trial in court, but without a proper mental examination by those of special training as alienists and psychologists, the mental deficiency is frequently overlooked and commitment made to a correctional institution instead of a hospital for insane or an institution for anti-social defectives.

The enormity of breaking the law often is the cloud enshrouding the individual at fault which confuses the minds of the judiciary who, in their efforts to satisfy the law, frequently send some poor wrecked or simple minds into an environment where they become a trial and evil to their companions of sound mind and a grave disciplinary problem to prison officials. The assistance of alienists and psychologists in sorting out and classifying these social misfits is being more frequently sought in the courts of our larger centers of population. The saving to the state in needless litigation to establish the sanity or insanity of criminals on trial and in the material reduction of the number of recidivists, should make this added court expense an insignificant consideration. The proper employment of

*Read at the Sixth Annual Meeting of the Alienists and Neurologists of America, Chicago, Ill., July 10-11-12, 1917.

alienists in courts is to obtain an unbiased scientific diagnosis, and not the answering of hypothetical questions, and should prevent such a case as occurred some ten years ago when an eastern state spent a sum sufficient to pay a staff of alienists for a generation in proving that a single individual was insane. After months of brilliant sally and retort, and retorts that were not particularly brilliant, between the prosecuting attorney and a squad of lawyers and medical experts, the individual was adjudged insane, but the endless disagreement between the legal and medical profession and between medical men themselves had so befogged the minds of laymen, that at least the greater part of the population considered the prisoner a subject of persecution instead of a plain case of unsound mind, and the opinions of alienists as being very sensitive to monetary influences.

The question of insanity in a criminal court is no place for forensic fireworks, but the careful mental analysis of the prisoner, saving friction in court and also in the state institution to whichever he may be committed, as whatever that institution may be it is peculiarly fitted for his care because he has been properly classified.

The Classification of and Statistics pertaining to criminal insanity and mental defect in criminals has been worked out more completely in some of the eastern states than elsewhere, and this study has gone hand in hand with high ideals and efficiency in their care.

In 1915 Massachusetts, with a total criminal population of 6925 confined in prisons, jails and reformatories, transferred 137 to, and returned 22 from, the Bridgewater State Hospital for criminal insane, and other state hospitals. In the reformatories for men and women located at Concord and Sherborn are 657 and 738 inmates respectively; the cases are classified as competent, deviate and deficient with a sub-classification of psychopath, drug habitué and unclassified. By a cross reference syllabus their grades of efficiency are designated as normal, subnormal and segregable. Intramural descriptive designations are as follows: The competent are divided into the occasional offender, responsible offender and alcoholic, the deviate into recidivist, alcoholic degenerate, congenital syphilitic, epilep-

tic, sex pervert and insane; and the deficient into moron, feebleminded and imbecile. The population of these two institutions number 1395, of which 34% are reported as competent, 23% deviate, 25% deficient and 16% include the psychopath drug habitué and unclassified. As to efficiency, 42% are normal, 37% subnormal and 21% segregable.

The number of recidivists and former commitments in Massachusetts for the year ending 1915 was as follows: of 26487 sentenced prisoners, 57% plus or 15184 were recidivists representing 96023 former commitments, making an average of 6.323 commitments for each recidivist. I have given these statistics concerning criminology in Massachusetts, at such length because they should be a model for many other states. Massachusetts is asking for better segregation of its criminal population and a more satisfactory indeterminate sentence.

In the four state prisons of New York with 5284 inmates only 45 insane were transferred to the state hospitals for the criminal insane during 1915. The two state hospitals for criminal insane, Matteawan and Dannemora, had a total admission of 225 which also included commitments from jails, reformatories and the original courts of jurisdiction.

Dannemora, which receives men only, returns all recovered cases to Clinton prison, the two institutions being adjacent, there to serve out their unexpired time regardless of where formerly confined. This plan has the further advantage that if there is a mental relapse they are again returned to Dannemora, thereby avoiding delay in treatment and long transfers at added expense to the state and danger of escape. The population numbers 517 and on account of over crowding this hospital receives only acute cases with the exception of those relapsing in Clinton Prison. The predominence of paranoid forms of dementia precox and cases of constitutional inferiority with paranoid trend make up over half the admissions. These percentages, I believe, generally hold good throughout the country. General paresis is rare in this hospital, the average number of annual admissions since its founding in 1900 being 1.6.

Matteawan draws from the Metropolitan district and with a population of 856 is greatly overcrowded. The

superintendent in his annual report says, "this overcrowding could be somewhat ameliorated if a large number of misdemeanants were committed to civil hospitals or make such transfer mandatory as soon as the term of imprisonment has expired. A psychiatric clinic in connection with the lower courts in Greater New York would prevent the sentencing of advanced cases of dementia paralytica, senile dements and well defined dementia precox to penal institutions for vagrancy, disorderly conduct and similar crimes." Thirty-seven per cent of the admissions in 1916 were committed directly by the court of original jurisdiction.

The European war preventing the repatriation and deportation of alien insane has also added to the congestion of these hospitals. The percentage of admissions of cases of dementia paralytica to Matteawan continued to increase from 2% in 1906 to 12.5% in 1915, compared with the average annual admission of 1.6 cases received at Dannemora; the great difference between a hospital drawing from a Metropolitan district and one from a rural, determines where syphilis is most common, or that in the city the hard driven nervous organism may be more susceptible to the invasion of the spirochaetae. It is observed that the manic depressive psychosis is rarely met with as compared with civil hospitals. Alcoholic psychosis is on the decrease due to restrictive legislation against alcohol.

Sixteen states from which reliable statistics were obtainable had a population of 24,315 confined in their state prisons; of these 7.2 prisoners per thousand of prison population were transferred to hospitals for the insane during the year ending 1915, which is at least 10% higher than commitments to insane hospitals from the civil population.

During the five year period ending in 1902 the admissions to public and private institutions for the insane in England and Wales averaged 6.2 individuals per 10,000 population. Such statistics indicate a wide gap in the mental stability of criminals as compared with the civil population, and I believe that this mental instability will be found at the time of trial or commitment when proper examination is made, in such a proportion of cases that the mental makeup of the individual and not the influence of

imprisonment will render obsolete the term "prison psychosis."

Those who are of normal, or practically normal mind as the criminal by passion or the accidental criminal; and in past times the imprisonment of men for financial, religious or political cause, such as Bunyan, Raleigh, Tasso, etc., men having a more sensitive mind, and more to lose in the rich experiences of life, would be expected to furnish the highest percentage of true psychogenetic alienation due to imprisonment, but statistics do not bear this out, notwithstanding the crime of passion incurs a long sentence and some of these men do eventually undergo mental deterioration due to senile decay. It is the degenerate "door mat" thief, the offender of the weakling class that fills the psychopathic hospitals.

Dr. Bowers, in the American Journal of Insanity for July 1913, says "the lower grades of criminals, incapable of intense mental suffering, because of their low grade mentalities and emotional poverty, are the ones to develope active insanities during confinement. The diseases which have been most often termed the 'prison psychosis' are, the psychoses of degeneracy and hysteria."

In January 1915, the warden asked me as prison physician, to select a committee to make a mental survey of the prisoners in the Illinois State Penitentiary at Joliet. A brief summary of the report of this committee follows:—

Careful individual study and final disposition as to segregation and employment was urgently recommended along the following outline:

1.—The establishment of a psychologic institute as a department of the prison. This institute should fulfill the following requirements:

(a)—The director to be a trained psychologist.

(b)—The physician to the prison to be selected with special reference to experience in nervous and mental diseases, associating in the labors of the psychologist, and I would here add that I hope the physician trained in psychiatry would be very tolerant in regard to the measuring stick of mental age, and that the psy-

chologist would not persist in calling every apathetic dumbhead a dementia precox.

(c)—Detailed information as to the life history of all convicts either by probation officers or special field workers.

(d)—A special building for receiving and detaining all convicts on admission until examined mentally and physically, properly classified and recommendations made as to the best mode of their employment.

(e)—Observation and re-examination at suitable intervals.

(f)—Detailed records of the results of all examinations with summary and cross reference indexes.

2.—The provision of buildings for separate accommodation of at least the main types which were classified as follows:—

(a)—Criminals by accident of adult intelligence and sub-normal intelligence.

(b)—Borderline cases.

(c)—Anti-social individuals of adult intelligence and sub-normal intelligence, and

(d)—Insane persons.

The anti-social types to be kept entirely away from the others, requiring buildings enclosed within a stockade. The borderline cases under strict guard.

The accidental types given more open conditions and employed upon honor, the feeble minded and some others requiring closer supervision. Hospital conditions should be fully adequate.

The insane cared for in a state hospital for criminal insane in adjacent grounds, the medical staff of this hospital cooperating with that of the psychologic institute.

3—The extension of outdoor occupations, with special efforts to prescribe the work most suited to the education of the individual convict.

4—The Board of Pardons to have the advantage of the records and advice of the psychologic institute and the services of an adequate number of prodation officers.

The psychiatric and neurological examinations were made by Dr. H. Douglas Singer and the psychologic tests by

Dr. and Mrs. George Ordahl. The neurological examination disclosed a very high proportion of abnormalities. Psychologically fifty men and 49 women showed an average mental age of 11.2 and 11.7 respectively, the actual or chronological age being 30 and 34 years.

Illinois transfers its criminal insane to the Chester State Hospital, which has a population of 221 patients. This hospital is overcrowded, leaving many cases in the prisons that should have the care of a hospital for mental disease. With cramped quarters and very poorly equipped, this institution bears no resemblance to the high class and efficient hospitals for the civil insane of Illinois.

I wish also to mention the unsanitary prison hospital at Joliet. The armamentarium in all departments, surgical, pathological and diagnostic is either antiquated or lacking; and the building would serve much better as a cow stable than it does as a hospital. Here insane prisoners are often detained for weeks in the so-called "crank cells" because of overcrowded conditions at Chester. Many other states must answer to like conditions.

Massachusetts and New York have made an endeavor to bring their hospitals for the criminal insane up to the level of the other state hospitals, but outside of these states there is much to be done. Indiana has an institution for the criminal insane that is well conducted but is reported as overcrowded. The last legislature of the state of New Jersey appropriated $5,000.00 to investigate by specialists the mental status of all inmates in the state prison. Other states are taking up this study in various ways.

The states with a small population can care for their criminal insane best in the state hospitals, but the criminal insane should have a special ward set aside for them as otherwise discipline is harder to maintain and the institution is subject to complaint from the relatives of civil inmates.

Those states having a large population should have a state hospital for criminal insane, and it should be built on plans looking toward increase in population so that overcrowding at least for a time will be avoided.

Insane should not be confined in prisons, as is the custom in some few states, as it is impossible for them to be

properly segregated. It is from the lack of classification and segregation that the honor system has failed in some instances. The idea is good, but its application was attempted before some of our institutions were ready for it.

The great problem in the care of convicts is not the criminal of passion or accident, of normal or practically normal mentality, nor the criminal that has suffered the loss of mind in the development of insanity, but the anti-social defective.

Many of these criminals with painstaking study appear of mental normality and have been termed "moral imbecile" or "moral insanity." Healy in his "Individual Delinquent" says, "A moral imbecile does not exist in his experience and that these terms are misleading and tending to confusion, such states always being accompanied by some mental subnormality or aberration." It is these borderline cases that constitute the acute disciplinary problem in correctional institutions.

This paper is offered as an appeal for better, for equally as good care for the criminal insane as is given the civil insane in our best state hospitals.

THE CONDUCT OF THE INSANE: A CONTRIBUTION TO PSYCHOPATHOLOGICAL THEORY.[1]

BY HAROLD I. GOSLINE, M. D.

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NATURALLY, it is with a good deal of hesitation that one presents a psychological subject before a meeting of neuropathologists. If my subject may be considered more strictly a psychopathological one, perhaps there is some superficial resemblance. Psycho and neuro—we need make only one fundamental presupposition and that has been made for us long ago. Medical men long ago have supposed that the brain and the mind were inseparable. They will have nothing to do with a transcendental, mystical psyche. But without any reference to affairs which may be considered superficial and academic we will attempt in the few moments which are our portion, to introduce a new idea into neuropathology; realizing that the introduction of a concept is often a matter of years rather than of moments.

Men are wont to think of psychology as something too unreal, too intangible; practical men, I might almost say, have given it up for something more profitable. Psychiatrists in general, as practical men, will deny that psychology has much of service to offer them—many will doubtless claim that psychopathology is but a scape-goat brother and possibly it has been made so in some instances.

In charge of legally committed cases, the psychiatrist is the creation of economic and social conditions—the impossibility of caring for the insane by any other means than that of the public funds and the impossibility of depriving

[1] A contribution to the William Leonard Worcester Memorial Series of Danver State Hospital Papers, presented Nov. 19, 1915.

an individual of his liberty without legal process. The psychiatrist has to satisfy the law with regard to the patient's insanity. He has to satisfy the friends of the patient as to the necessity of further residence or as to the advisability of discharge, in addition to being prepared for all those other contingencies of illness and accident which the average internist must meet.

From the records which have arisen as a result of these external forces, has come a mass of data useful for classification or diagnosis and for prognosis. The psychiatrist is quite justified in his refusal to be interested in the fields of psychology and psychopathology, so unpractical to him. But we would offer it here as a proposition which is not entirely new, that the true position of the mental internist, speaking from one point of view and the position in which he might hope for the greatest progress in the knowledge of mental disease, is as the psychopathologist.

This transfer of the psychiatrist into the psychopathologist occurs whenever the mental internist uses disease concepts divorced from legal and popular concepts, for the purpose of exact scientific thinking. It is this phase of the work of the psychiatrist which is of interest and of value to the neuropathologist and it might even be said is the necessary factor in bringing to a successful issue the efforts of the latter at correlation.

This is the new idea and one which may appear pedantic. But has it never occurred to anyone that as psychiatrists we are possibly not studying abnormal variations alone, but something more than that?—trying to adjust the patient to his environment. The more case-histories one studies the more does one become convinced that such is the truth. It becomes apparent that there is no definite psychopathological language but something more—a psychiatric language.

The attempt to build a psychopathological vocabulary is the attempt to form a branch of physiology. If behavior is a function of nervous tissue, and we must suppose that it is, then it is apparent that any variation in behavior must be conditioned by changes in the nervous tissue. The formation of descriptive terms to stand for these variations is the formation of a branch of physiology, or of pathological

physiology if such a contradiction in terms may be permitted. It is needless to say that the formation of such a language is not attempted in this paper—but it may be said that an attempt will be made to point out one or two of the possibilities, and it is hoped that some hint may be given of the fundamental value of such studies for the localization of function.

A study was made of approximately 250 cases resident at the Middleton Colony. Their behavior at the present time was summarized from the ward reports of the nurses in charge. The behavior of the same patients at admission was summarized from the card catalogue for such symptoms. (At this point I would say that I can not praise too highly the wise foresight of our Superintendent, in continuing this card index. The system might be extended to other Hospitals with advantage). If we had gone no farther our search would be rewarded. It was found that the words used by both doctors and nurses fell quite naturally into two main groups—the group of the strong and that of the weak. This distinction between words has long been made by rhetoricians but the practical bearing of the distinction is not so apparent until we realize that words may be made to exactly express the condition of our patients. But this was not all that became evident by our simple comparison of the terms used at admission and at the present time. The words used at both times, that is by both doctors and nurses, were almost without exception those of purely objective description. Words coined by nurses were purely of objective description,—some contain a personal element—while those coined by physicians frequently contain a deal of interpretation.

Of the terms used at admission some have been dropped almost entirely at the present day. Bulimia has been replaced by abnormal appetite, sicchasia and sitiophobia by refusal of food; these have also been called mental anorexia.[1] The point is, patients do not eat—to say that they abhor food (sitiophobia) is perhaps saying too much; it is at least combining an interpretation in an observation—it is making a diagnosis in stating a symptom. Disgust for food (sicchasia) is no better, of course, and refusal of food, the ordinary term of today introduces an element of will into the patient's reaction which is not known to exist there.

Abulia has merely been replaced by its synonym—loss or defect of will and is commonly used as a point in diagnosis. The motor phenomena which give rise to this term are equally well described by loss or defect of attention which has the added advantage of reducing said motor phenomena to something tangible which can be observed by the method of introspection and resolved into elements which are kinesthetic in origin. No one will deny that it is motor phenomena which have given rise to the confusion in terms here pointed out and psychopathology will render a service to neuropathology in insisting on this point and that search be made first in the motor regions or on the other side of the reflex mechanism, in the kinesthetic regions. In making his searches in these regions the neuropathologist should bear in mind Bastian's ideas of the distribution of the motor and kinesthetic areas.[8]

Certain other terms seem to have been used with a sense of doubt on the part of the observers. On the other hand terms have been used with the greatest confidence as to their significance but with no fundamental understanding of their meaning and no uniform method of application. In this connection I will never forget a personal experience in trying to define "psychomotor excitement."

The terms used now are those used by nurses on the wards. They represent what may be called the first degree of observation since they are devoid, necessarily for the most part, of all interpretation. The word "confused" used once by a nurse, was the only departure from the rule. They approach more nearly the ideal of a pure objective description—are nearer being a description of conduct and hence are more adaptable for clinico-pathological correlations. Naturally, it is unnecessary to adopt all the naivite (spits, drools, shouts, sings) of the descriptions at times produced just as it is necessary to eliminate the element of personal feeling (abusive, disagreeable, dull, etc.)

The terms used both at entrance (by physicians) and now (by nurses) are, with single exceptions to be named later, those of the first order of observation, that is to say, terms of objective value without interpretation. They are the most stable and carry the picture well. They are denudative, destructive, excited, irritable, manneristic, masturbating, self-mutilating, negativistic, noisy, obscene, profane, resistive, untidy, violent, vomiting, incoherent. Strangely enough the term "incoherent" seems correctly applied by all in spite of the fact that many observers could not define its opposite or far less enumerate the factors necessary to the attainment of its opposite.

The few terms of interpretation used both at admissions and now are depressed, drowsy, stupid, all of which apply to reactions characterized by little motor display.

Delusions and hallucinations can never be objective, since

their determination depends on the patient's statement though they may be taken practically to be so.

There are certain terms of the first degree of observation which are probably unknown to our nurses, which would account for their non-appearance now. They are "euphoria" and "expansiveness" shown in the patient's speech productions, and "elation" and "exaltation" shown in the motor activities expressed in manner, dress, etc., in addition to the speech.

That a correlation between clinical symptoms and brain findings which is fairly direct does exist here has recently been pointed out.[3] I have purposely modified the statement by the words "fairly direct" for the reason that the correlation is not so much between the words "euphoria" etc., and the brain condition, as it is between the lack of contact with the outer world of conditions, and the physical state of the brain. As pointed out in that remarkable paper referred to, the patient talks of millions when he is penniless, he is an athlete when it is apparent that he can not move because of general paresis of all the movements, in other words he is entirely out of touch with the reality and to correspond we have the expected, that the brains of paretics with such a clinical picture show the grossest and most extensive lesions.

It is apparent then that in this case we must go beneath the words and actions of the patient in making our correlations. If this finding in paresis—the divorce of the patient from contact with the real—is found to be of more general application, we have at least one practical, tangible direction of research discovered already for psychopathology, that is to say, the comparison of the phantasies of the patient with his actual condition, taking the discrepancy as an index of the amount of damage done to his brain.*

A comparison of patients in this series where nothing more was possible than the comparison of their present condition with their condition at admission, showed that of those with elated, expansive, exalted, and euphoric tendencies (41 cases) 12% now show no reaction, while the remainder show a weakened reaction.

Disturbances of memory occur with fair frequency. They are exceeded only by the various forms of disorientation, delusions and hallucinations and occur in 76 of the 251 cases. The field of the amnesias has been but little worked and that only in connection with the aphasias. It has been found that there is a memory for words as they are heard and as they are seen together with a memory of the kinesthetic impressions aroused in the

*This lack of correspondence between the ideas of the patient, as expressed in his talk and his real condition has been considered by some workers as a phenomenon, explainable on psychological grounds.[4] If the phenomenon is explainable in this way, it may be fitting to ask why of the 41 cases in this series not one showed the same symptoms after a period of 4-57 years, but all had arrived at a state of mild excitement characterized by irritability, restlessness and noisiness?

pronunciation of words. These have been fairly narrowly localized.[5 6 7] But in the case of the frank psychoses we make no note for the most part as to the definite memory involved—we merely write "partial" or "complete amnesia."

The duration of the psychosis was from about 1 year (one case) to 67 years (one case), the psychiatric diagnoses Dementia Praecox and allied (138 cases), Manic Depressive and allied (18 cases), Senile and allied (45 cases), General Paralysis and allied (7 cases), Alcoholic psychoses (14 cases), Imbeciles and allied (22 cases), Epileptic Dementia (1 case), Huntington's Chorea (1 case), Hysteria (2 cases), Unclassified (3 cases). The symptoms which form the basis for this study were selected and studied without regard to psychiatric diagnosis. The relation of the present condition of the patient to the duration of the disease showed that there was a tendency to a type reaction of a weak sort whether the disease ran 16, 17, 19, or 37 years, when studied specifically for those who were destructive at admission. This finding was general for the duration of psychosis, though not for every symptom.

This comparison affords us an example not unlike those appearing in general systemic and infectious diseases where the duration of the disease may have little to do with the ultimate result, though the result may be more or less similar over a series of cases.

Twelve who were destructive at the beginning of the psychosis were compared. Three had run a course of 16 years and were irritable and excited; two were noisy; one violent; one talkative; profane, restless and aggressive; one untidy, depressed, negativistic and masturbated. Of two cases with a course of 17 years, one conformed to routine—that is to say, there was no report; one showed a weak reaction, was excited, noisy, resistive, profane, irritable, talkative, restless and untidy. Three had a course of 19 years—all are aggressive; two violent; all for the most part are in the weakly reacting class. Two had a course of 30 years—one is destructive, (had a shock recently); both have a weak reaction. Two had a course of 37 years—one now has no reaction; one a strong to weak reaction, is aggressive and violent but also noisy, irritable, talkative, and restless.

More exact and perhaps more interesting would be a comparison of patients of the same age, with the same symptoms at the beginning and the same duration without known heredity or with similar heredity as far as such is possible.

The condition of the patients as shown by individual symptoms was next found to differ now from their condition at admission.

Of 20 cases which are now destructive—duration 31 years—one was depressed, apathetic, indifferent, hallucinated at admission; one jealous, violent and restless. Opposite or dissimilar conditions at entrance may show the same condition in time.

A comparison of the present state of patients showing dissimilar states at admission shows that the active patients are now rather the less active ones—a result not exactly to be expected from the picture at admission.

Comparing those who were confused with those who were destructive, we find that the present state is similar, that is, a weak reaction exists, but in the latter there is a higher percentage showing drowsiness, stupidity, and untidiness now—not corresponding with the duration of the disease and the age of the patient—while the percentage showing no reaction or the reaction of conformation is the same in each, 25%. (The cases are different). We have a weak reaction (pale, colorless words) as the general tone in spite of occasional more active demonstrations and there is a tendency to signs of deterioration shown more in those who were destructive at the start. What little we know in general of confusion and destructiveness might have led us to expect quite a different outcome, since in general people who are confused are commonly thought to be "worse off" individually than those who are destructive, though perhaps the latter are more dangerous to the community.

Frequently the symptoms at admission are found to be absent now. We seldom find the symptom of admission carried down to the present.

Of 29 cases which were destructive at admission only 3 are destructive now; of 72 cases which were irritable at admission only 30 are now irritable although there are now 126 cases showing irritability. Of 24 cases showing mannerisms at admission only one is still manneristic. Of 12 cases of negativism only one is now negativistic; 41 others have developed this symptom, making a total of 42 who now show it. There were 22 cases obscene at admission—none of them are now obscene. Only 3 cases were profane—1 is still profane and there are 47 others who are now

profane. Forty-four were resistive at admission; of these, 9 are now resistive. There are 61 resistive patients now, making 52 new cases which have developed the symptom and 35 patients from whom it has disappeared. Fifty-nine cases were restless at admission; 32 are restless now, while 11 have completed deteriorated. At present 121 patients are restless making 16 of the original 59 cases which are not restless though they are still reacting and 89 who have become restless since admission and are now restless. Of 9 cases untidy at admission, 1 is untidy now while 36 others have become so and this is not related to their age in many cases. Of 64 violent cases at admission 7 are still violent at times—57 cases have ceased to be violent and of the 57 cases, 11 do not react at all. Thirty cases are now violent making 23 new cases to become violent since admission. (See table I).

From the above data we may rightly draw the following conclusions; that there is a tendency to an increase in irritability, negativism, profanity, resistiveness, untidiness and the state of absolute subjection to routine while violence decreases and obscenity dies out. Resistiveness shows a smaller increase than irritability. Restlessness and irritability persist from admission to the present time in more cases than any other symptoms.

Let us rest content to state the facts without theorizing as to causes. But if words may be taken as an accurate representation of the condition of our patients, these words show that there is a change in our patients—and all these words are objective with the exception of "depressed" which is at times used improperly.*

No one may doubt that words can accurately represent the condition of our patients but it is another phase of thought which wills to present this fact acutely and objectively. It is certainly unjustifiable to rest forever content with impressions merely.

We next studied the frequency of occurrence of what may be considered the major symptoms at entrance. While not purely objective, except in a few instances, these terms do not carry interpretation and are applied by means of fairly objective tests. It was found that amnesia and dis-

*A patient was admitted to this Hospital on a certificate which stated that the patient had become depressed for no apparent reason and had refused to speak for two weeks. (Note the "will" element in "refused to speak"). She was found to be aphasic and hemiplegic with a positive blood and spinal fluid. Later she recovered her speech and the use of her limbs to a moderate degree. An objective statement would have been accurate. An "interpretative" statement was in this case proven to be entirely erroneous.

orientation occur with almost equal frequency, while apprehensiveness and indifference occur with equal frequency although they occur about half as often as the first two symptoms. Insomnia, seclusiveness, and suicide go together, as do muteness and apathy, and euphoria, exaltation and expansiveness. In the order mentioned these five groups occur in the relation 8:4:3:2:1.

During the past decade a large amount of work has been done pointing to correlations of these "major symptoms" with actual brain conditions. That the work was done mainly in connection with gross and histological studies of the nervous system will explain why it was impossible at the time to take up the work of correlation more systematically. The first labor to be accomplished was to prove the anatomical basis of the psychoses. Correlations would follow. The pioneer work was done by Southard and his co-workers. To show some of the possibilities we will mention the work in which three cases of melancholia with delusions of negation were shown to have "nerve cell pigmentation constantly found in the elements of moderate size in all parts of the cortex examined."[8] Later (1913) it was pointed out that melancholia cases are delusional—the correlation with pigment finding was left to the future.[9] In somatic delusions a "peripheral element" was discovered in somatic disease, or in the "sensory path of centripetal impulses" or "back of the Rolandic fissure in the sensory-elaborative areas."[10] Later it was demonstrated that the characteristic delusions of general paresis are autopsychic in nature and a correlation suggested between them and frontal lobe lesions."[11] Certain symptoms were conveniently grouped as hyperkinetic and an association pointed out between them and partial lesions of the optic thalamus.[12] In the neuropathological work on dementia praecox by the same worker as early as 1910 frontal-paranoid, cerebellar-katatonic and post-central-superior parietal to katatonic relations are pointed out.[13] Later auditory hallucinosis was correlated with temporal lobe lesions; katatonia and hallucinosis were discovered to be related to internal hydrocephalus, and a certain non-frontal group of delusions grouped "provisionally under the term hyperphantasia" were found to have a correlation with posterior association centres.[14] Alzheimer quoted in the above,[11] had sketched infrastellate correlations for katatonia which were later changed to suprastellate ones. More striking still, perhaps, is the correlation in a case showing "striking scenic visual hallucinations" and "satellitosis of the common occipital cortex"—visuo-psychic tissues.[15]

In order to reduce the facts cited through the body of this paper to a uniform basis a mathematical method was used. By so reducing all terms to a common basis the

comparative value of terms used at admission might be determined for the prediction of the outcome of the disease or vice-versa in picturing the past of the disease.

The number of cases showing a given symptom at admission minus the number which had completely deteriorated was used as denominator and the number of cases now reacting in a certain way was used as numerator in the following manner: There were 38 patients confused at admission—8 have deteriorated—subtract to give the number of patients reacting in some way or other now. This number, 30, is the denominator.

It is found that 20 of these 30 reacting patients do so by being restless. 20 are restless. 20 is the numerator. 20/30 of patients who were confused at admission and are still reacting are restless. This was done for each symptom and a comparison made between symptoms at admission and now and between symptoms now and at admission. The comparison was made possible by reducing the fractions so obtained to the decimal system whereby numbers are gained which are functions of symptoms and which make the frequency of occurrence of the symptoms comparable but which are purely substitutes for other means of description.

It is possible to make evidence graphically by means of curves or coordinates that those who are violent now were at admission disoriented, incoherent, amnesic, depressed and irritable. Those noisy now were irritable, violent and restless, incoherent, amnesic and depressed with equal frequency and somewhat more frequently were disoriented.

Irritability, restlessness, noisiness and other moderate reactions did not play so large a role at admission as they do now. The reaction was then strong whether demonstrated actively or not by outward signs—the reaction now is weak or there is no reaction at all notable by the nurses—the patient goes on day by day like an automaton. This has long been felt but perhaps not often presented in tangible form.

Those who are destructive or euphoric pass with equal frequency into a state of mild irritability, restlessness, noisiness and talkativeness though from the terms destructive and euphoric and the attitudes presented by the patients corresponding to these terms one might expect quite different results. (See tables II and III).

It has been said that 13-15% with mental anorexia die[1] (p. 434).

Of more general impressionistic value is the feeling that the untidy are those with arterio-sclerosis or organic brain disease more often and why should the untidiness of dementia praecox, for instance, be considered less lightly as a sign of brain disease—why, of all things, should it be ascribed to a disordered will? The fact that preseniles live longer than seniles appeals to me as a reason why certain symptoms should be considered to have greater significance than others and thus in a way to represent the state of the patient's brain.

In spite of the weakness of our present state of knowledge of the subject of correlations, I would present this paper, not as a total argument but as a plea, for the continuation of the proper use of words and scientific observations which has been started for memory of the various sorts and for the major groups of psychiatric symptoms.

It seems important that words used to represent the condition of the patient should be accurately chosen. While not necessary to psychiatry as a means of adjusting patient and friends to the changed conditions caused by the patient's removal from the community, it appears that such accuracy is highly desirable and necessary in order to make possible the correlations between the clinical and the pathological material which is the task of the future for the neuropathologist.

It is the personal belief of the writer that such correlations may be made between the clinical symptoms themselves and the anatomical material, and that psychiatry and psychiatric diagnoses are something else again. If we were to agree with Arnaud[16] we might hesitate at once to make psychiatric correlations.

Whether this accuracy in crystallizing clinical symptoms into words is to be accomplished by introducing a new curriculum into some of our schools or by courses of instruction to enable our nurses accurately to describe the patients is for the interested to decide. As necessary to the insane hospital as the temperature chart to the fever hospital is some method of recording the behavior of the patients—and last but not

least, we need in the clinical staff of some of our hospitals more zeal for accurate scientific work that will make the future labors of the neuropathologist big with results, both for science and for practice.

CONCLUSIONS

1. That the reactions of patients fall into two groups, the group of the strong and that of the weak.

2. That the words used to describe patients may be divided into three groups, those of the purely objective symptoms or of what may be called the first degree of observation; second, those which have some interpretative value or what may be called the second degree of observation and thirdly those other major psychiatric symptoms which are not objective, but which are discovered by fairly objective tests and which certainly are not interpretative.

3. That the objective symptoms of the first and third groups are of greater value from the psychopathological view-point and for making clinical pathological correlations.

4. That the major psychiatric symptoms do occur in definite relationships. Correlations have already been carried out between these and the brain condition.

5. That there is some evidence to show that the discrepancy between reality and the phantasies of the patient may be taken as an index of brain change in certain cases.

6. That the condition of patients at admission was different from what it is now in most cases.

7. That moderate reactions did not play so large a part at admission as they do now.

8. That there is a tendency to a type reaction of a weak sort independent of the duration of the disease.

9. That patients who were the more active at admission are now rather the less active ones.

10. That the mildest reactions are in general the ones that persist most frequently from admission to the present time.

11. That psychiatry and psychopathology are two different branches of one science.

12. That psychopathology is necessary for the work of the neuropathologist in the making of clinical pathological correlations.

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TABLE I

	Admission	No report now	Number who show same symptom now and at admission	Now	Lost symptom	Gained symptom	Still Reacting but not with original symptom
Denudative	6	1	0	8	6	8	5
Destructive	29	3	3	13	26	10	23
Incoherent	57	13	0	2	57	2	44
Irritable	72	17	30	126	42	96	25
Manneristic	24	2	1	2	23	1	21
Masturbating	4	1	1	3	3	2	2
Negativistic	12	2	1	42	11	41	9
Noisy	1	0	1	95	0	94	0
Obscene	22	2	0	1	22	0	20
Profane	3	1	1	48	2	47	1
Resistive	44	7	9	61	35	52	28
Restless	59	11	32	121	27	89	16
Untidy	9	2	1	37	8	36	6
Violent	64	11	7	30	57	23	46

TABLE II
Symptoms of admission reduced to 100

	Restless	Noisy	Aggressive	Violent	Irritable	Talkative	Profane
Confused	.666	.400	.366	.200	.666	.200	.233
Denudative	1.000	.600	.400	.200	.600	.400	—
Destructive	.615	.615	.346	.230	.730	.307	.384
Expansive	.444	.555	.444	.222	.666	.444	.444
Exalted	.470	.470	.352	.176	.704	.235	.235
Euphoric	.571	.428	.142	.071	.785	.357	.357
Incoherent	.613	.590	.204	.227	.545	.408	.250
Irritable	.563	.400	.254	.181	.543	.271	.271
Manneristic	.500	.500	.181	.136	.636	.227	.090
Negativistic	.500	.400	.300	.300	.700	.300	.100
Obscene	.600	.650	.200	.100	.650	.400	.450
Resistive	.648	.540	.270	.189	.594	.432	.378
Restless	.666	.500	.291	.166	.604	.291	.166
Untidy	.857	.285	—	—	.285	.142	—
Violent	.603	.528	.320	.132	.566	.283	.339

	Resistive	Negativistic	Destructive	Denudative	Depressed	Drowsy	Untidy
Confused	.233	.200	—	.033	.133	.066	.200
Denudative	.200	—	.400	—	.200	.400	.400
Destructive	.307	.190	.115	—	.115	.076	.269
Expansive	.222	.111	—	—	—	.111	.111
Exalted	.058	.117	.058	.058	—	.235	.235
Euphoric	.142	—	.071	—	.142	.214	.142
Incoherent	.318	.113	.090	.022	.090	.090	.159
Irritable	.309	.236	.090	.072	.127	.090	.200
Manneristic	.454	—	.090	—	.045	.045	.362
Negativistic	.200	.100	.200	—	.300	.100	.400
Obscene	.250	.100	.100	—	.050	.250	.050

	Resistive	Negativistic	Destructive	Denudative	Depressed	Drowsy	Untidy
Resistive	.243	.162	.081	.027	—	.135	.187
Restless	.229	.229	.083	—	.104	.041	.187
Untidy	.428	.428	—	.142	.142	—	.142
Violent	.283	.132	.056	.037	.037	.094	.188

TABLE III

Symptoms of the Present reduced to 100

	Irritable	Violent	Insomnia	Resistive	Exalted	Homicidal	Suicidal	Restless
Denudative	.500	.250	.125	.125	.125	.125	—	—
Destructive	.384	.230	.154	.230	.077	.077	.154	.307
Irritable	.238	.238	.127	.182	.095	.095	.095	.238
Negativistic	.309	.166	.095	.143	.048	.143	.071	.262
Noisy	.242	.294	.115	.052	.084	.105	.115	.273
Profane	.312	.375	.166	.312	.083	.146	.104	.187
Resistive	279	.246	.099	.147	.016	.131	.049	.180
Restless	256	.264	.091	.198	.066	115+	.132	.272
Untidy	.499	.270	.108	.324	.108	.135	.108	.270
Violent	.333	.233	.133	.266	.100	.233	.200	.266

	Negativistic	Destructive	Euphoric	Obscene	Expansive	Apprehensive	Denudative	Aggressive
Denudative	—	—	—	—	—	—	—	—
Destructive	.154	.230	.077	.154	—	—	.154	—
Irritable	.055	.150	.087	.103	.047	.174	.024	—
Negativistic	.024	.119	—	.048	.024	.238	—	—
Noisy	.031	.147	.052	.137—	.052	.168	.021	.010
Profane	.021—	.187	.104	.187	.083	.187	—	—
Resistive	.033—	.115—	.033—	.072	.033—	.180	.016	—
Restless	.049	.132	.066	.099	.033	.140	.041	—

TABLE III—*Continued*

	Negativ-istic	De-structive	Eu-phoric	Ob-scene	Ex-pansive	Appre-hensive	De-nuda-tive	Ag-gres-sive
Untidy	.108	.189	.054	.027	.027	.162	.054	—
Violent	.100	.233	.033	.066	.066	.166	—	—

	Mute	In-different	Disori-ented	Inco-herent	Amne-sic	Untidy	Se-clusive	De-pressed
Denudative	.250	.250	.275	.125	.250	.125	.125	—
Destructive	.230	.307	—	.307	—	—	.307	.154
Irritable	.079	.198	.301	.198	.293	—	.119	.230
Negativistic	.119	.238	.380	.119	.285	.01	.119	.309
Noisy	.084	.147	.337—	.252	.294	.021	.137	.200
Profane	.083	.146	.291	.229	.333	—	.104	.187
Resistive	.115	.230	.393	.230	.377	.049	.180	.180
Restless	.091	.182	.339—	.223	.239	.049	.140	.198
Untidy	.270	.216	.380	.189	.189	.027	.081	.135
Violent	.133	.133	.399	.333	.333	.033	.166	.366

A DISCUSSION OF THE MECHANISM OF MENTAL TORTICOLLIS[1]

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PROBABLY no functional nervous disorder has a worse prognosis than mental torticollis. Many cases improve for a time under treatment. They may even have short periods of remission and then the disorder may recur and ultimately defy any and all systems of treatment.

The general mental makeup has largely been held to be the primary fault in the torticollitic. It has been stated that the essential constitutional defect is one of emotional infantilism. In this term is embraced those defective instincts which make the individual possessing them an indecisive, vacillating and erratically unstable person. In a careful analysis of several such persons this view seems to be sustained. All of the individuals studied showed abundant infantile reactions which were handled fairly well until the extra pressure of some new adult adaptation was sufficient to bring about the torticollis. The primary fault in character was different from that seen in the ordinary neurotic inasmuch as when the fault was brought to light the defect did not vanish but new attitudes had to be assumed by these persons. They were obliged to reeducate themselves, improve these weak trends of the instincts. It was as though their emotional life had been arrested or greatly retarded, and the defects brought out in the analysis had to be lived out or be made more adult. Psychoanalytically one would say these persons had suffered an emotional fixation in the infantile life. Those who could be analyzed, in part at least, did not show these so-called fixations so sharply as one sees them in other neurotics. It seemed to be a diffused weakness of the emotional trends somewhat comparable to that seen

in dementia praecox cases who cannot make the adult emotional life. The feelings of inferiority and inadequacy were like those which one sees in profound psychasthenics. This being the case, one can understand why such persons do not readily submit to ordinary psychoanalysis. One breaks down the morbid mechanism of their neurotic disorder, but in doing so by the ordinary technique one also destroys the framework of morbid symptoms,—the crutches, as it were, by which they get about though with such a halting and limping gait. The profound degree of transference necessary to get at these individuals at all shows how marked the infantile emotional pattern is in the torticollitic. Weeks and months of readjustment of the emotional life by re-education must be instituted between certain phases of the analysis. If one is not willing to part company with the strictly technical psychoanalytic method in handling torticollitics, then this line of treatment will be of little avail. By the latter aids I believe the great majority of cases can be cured. Four out of five of my cases are completely well. It takes, however, an enormous amount of time and patience to cure this disorder. But I believe my experience has laid the way open to what can be done if we will.

As regards the particular type of muscular movement in torticollitics: In all cases I found, first of all, that the torticollis was a defense mechanism,—a turning away from an adult adaptation; but further analysis showed that the type of movement was even more dynamic than a regressive one alone. It was a reversion or regression to a type of movement that had the deepest pleasurable content in the infantile life. In psychoanalytic phraseology, they all were *muscularly autoerotic*, and had placed great dependence upon these satisfactions in infancy.

In brief, then, the torticollitic is a profoundly neurotic individual whose infantile emotional life is an arrest or fixation in a diffused way on the parent, on himself, and to a less degree, upon his own sex, and because of such an emotional-arrest his main trends of character are weak and inadequate. In early adult life with new adaptations to the complicated life tasks in his work, and especially toward the opposite sex, he breaks down with pronounced and out-

spoken psychoneurotic symptoms. Usually the torticollis is not a real part of the nervous symptoms as they first appear, but occur later with the more constructive efforts at repair of the nervous illness; it is then a defense or a turning away from the intolerable difficulties of life and a regression to certain crude acts or movements with an intense satisfaction content to the unconscious, and therefore, infantile life.

Though we now have a fair knowledge of the makeup of the torticollitic and a well detailed pattern of his infantile emotional life, as well as an interpretation of the use or misuse of the torticollitic movement, we do not as yet know why this particular type of individual uses a torticollis rather than any other regression and infantile mechanism. Even the union of a psychologic and a physiologic interpretation does not yet make this definite and clear.

STAMMERING DISCUSSIONS

BY ERNEST TOMPKINS, M. E.

A comprehensive view of the discussions of stammering shows two prominent facts, namely much talk, and little relief. Since it is impossible that the discussions are thoroughly erroneous, we must conclude that mixture of error with truth is the cause of the universally admitted confusion of the subject—the confusion which fosters the disorder and the incomprehensible misery caused by it. Let us see if we can not improve our methods of discussion; and, for example, let us take the article entitled, "The Stuttering Boy," published in the April-May number of the JOURNAL, in which the author "builded wiser than he knew," although some of his premises do not appear tenable.

On account of the confusion caused by attempts to use English words with the meaning of similar sounding German words, it is generally necessary to define "Stuttering" and "Stammering" in order to make a discussion intelligible. In English, "Stuttering" is needless repetition, and "Stammering" is spasmodic abortive speech. Consequently the title, "The Stuttering Boy," should have been "The Stammering Boy." (See, "What Stammering and Stuttering Stand For," The Volta Review, December, 1916, and the other articles in that discussion; also, see the communication on the same subject in The Journal of the American Medical Association, of June 24, 1916).

The argument of "The Stuttering (Stammering) Boy" is, that stammering, in the beginning, at least, is a habit arising from the practice of substituting a polite word for a partially-uttered obscene word; and the argument is based to a considerable extent on the prevalence of stammering among small boys, who are addicted to coarse terms, and its infrequency among small girls, who are not much addicted to vulgar language.

Regarding the sex disparity of stammering we have the

following passages. "Have you ever seen a stuttering girl? A girl, that is, who chronically stutters. If so, you have observed a phenomenon which is rare, although stuttering boys are common enough." . . ., "Stuttering, and to a less extent stammering in general is peculiarly a masculine derangement." This observation that stammering is rare among girls, and the conclusion that it is peculiarly a masculine derangement are almost axiomatic in stammering discussions; and they illustrate the inadvisability of thinking and talking in general terms, practices almost universal in the discussion of stammering. See how our views must change when we observe accurately.

What is the real sex disparity in stammering? Let us take adulthood first. The popular impression that stammering is rare among women is sustained. The sex ratio, men to women, is generally given as 9 to 1; and, since we have good reason to believe that there are 10 stammerers altogether among one thousand of the adult population, there will be 1 adult woman stammerer to every 1,000 of the population.

Now let us consider the sex disparity among school children in general. This is usually given, boys to girls, as 3 to 1. Notice that the disparity at the average school age is only one third of that in adulthood. That is, as we go back from maturity to youth, the disparity decreases, and we should expect the rate of decrease to continue as we go toward infancy.

Although there is dearth of statistics regarding stammering in infancy, by piecing together such contributory evidence as we can find, we are convinced that little girls stammer as much as little boys. Indeed, there are statistics of whole towns, in which the girls, even of school age, stammer more extensively than the boys. This is true of Tilsit, East Prussia, and of Halberstadt, Saxony.

But if little girls stammer as much as little boys, and if women stammer much less than men, then many of the little girl stammerers—specifically, eight-ninths—must have recovered; for stammering is not contracted extensively after the age of twelve. Is there such recovery? Yes. The evidence of it is all around us. That evidence is not

emphasized for the substantial reason that it is not to the financial interest of those who have it. They find it more profitable to advocate pay treatments than free treatments. But even they bear witness to the free treatments. For instance, Denhardt says, "At times a spontaneous retrogression of stammering is observed to the extent of disappearance even in youthful age. Sometimes I have treated stammerers from whom I learned that the impediment had afflicted their sisters, but after a time, and with no outside treatment, had left them free again." (Rudolf Denhardt; Das Stottern eine Psychose, page 130). According to Conradi, "Gutzmann gives" (the sex ratio) "2:1 for children but 9:1 for adults and says with girls it is more apt to disappear than with boys." If space allowed, quantities of such testimony could be given

We see then that the rarity of stammering among women, considered thoroughly, leads us to the diametrically opposite conclusion to that reached in the article under consideration—leads us to the conclusion of non-exemption instead of exemption. It is as interesting as it is sad, that this tenable conclusion was surmised years ago, and might have brought about the entire eradication of the disorder if it had not been obscured by the fog of what we are pleased to consider scientific discussion. Modern writers repeat these early surmises with no appreication of how they outvalue the prevailing theories. For instance, Conradi says—without endorsement—"Some of the early writers thought that the girls had their errors corrected by their mothers because they were in the house more, whereas boys played on the streets and were not subject to correction . . ." This brings us to a meritorious opinion in the article on The Stuttering Boy, namely that originally the disorder is a habit. Does it take more intellectuality than all the modern scientific world possesses to see that prohibition of it at its inception would extirpate the disorder? Unfortunately, most modern writers conclude that the affliction is a disease, both in its chronic and incipient stages.

Another fault of our discussions is the lightness with which we brush aside evidence which weakens our theories. In the article in question the evidence of causation by acci-

dent, fright, illness, etc., is discounted without a scintilla of counter evidence, a proceeding that inevitably leads to confusion and mistake. It is difficult to imagine how these causes could actually be invalidated.

Regarding the time of the inception of stammering, the article says, "Stammering dates (where the dating can be definitely made), from the time when the boy first went to school . . ." Did the writer know that the German statistics (according to Denhardt) show that 86.6% of the stammering is contracted before school entrance? And if so, why did he not reconcile his statement and that? How can we agree in our conclusions if we disagree in our fundamental observations? Indeed, until we abandon individual work for team work, until we give credit where credit is due and criticize where criticism is due, our alleged scientific discussions will merely continue to be what they have been in this field, a barrier between the stammerers and the relief for which they have waited ever since the beginning of the human race.

Many of the faults in our stammering discussions are due to lack of individual experience. One who has never stammered requires extensive experience with stammerers in order to become a competent witness as to what the stammerer thinks. The idea that the stammerer fears punishment for the word he uses is fallacious. Scripture says, "If the question is asked of a patient in the fright stage, 'Why do you stutter' (stammer) he will answer 'Because I am afraid that I will stutter'" (stammer). Indeed the very persistence of the stammerer to utter the word which he had in mind is responsible for much of his trouble. He will often insist on saying it even after his auditor has caught his meaning or even said an equivalent word for him.

Although the list of defects of our discussions of stammering is long, probably one more defect will be sufficient in this enumeration. That is, the lack of constructive criticism. To tear down an untenable theory is to leave the situation only a little better than it was originally. Whoever desires to help the stammerer and to credit himself should read the recent writings of Dr. Albert Liebmann, particularly, Die psychische Behandlung von Sprachstörungen, published by

Oscar Coblentz, Berlin, 1914. The views therein given are not so complete that the field is exhausted, yet they afford a foundation, which compared to most works on the subject is like rock compared to chaff. It would benefit the stammerers and elevate the tone of our publications if our articles on stammering had such a solid foundation. How much longer must the stammerers wait for that benefit?

NOTES AND REFLEXIONS FROM THE FIELD OF ABNORMAL PSYCHOLOGY

THE ambiguities of the term "abnormal" come home to one when the attempt is made to affix a name to the psychologist who devotes himself to the study of the aberrations and other anomalies of the human mind. The dilemma is reflected in the touch of humor and the quotation marks that usually surround allusions to the "abnormal psychologist!" The indistinctness of this label is partly responsible for the vagueness of physicians and psychologists as to the actual field of the abnormal. Yet it is commonly taught now in our university departments of psychology that "abnormal" is broader than "pathological," and includes many things in the study of which the question of disease does not necessarily enter: such as dreams, lapses of tongue or pen, feats of lightning calculators, also the investigation of prodigious powers of "memory", from champion chess players to Blind Tom, the violinist, or similarly endowed memorizers among negro coat room attendants at summer hotels!

Dr. Shepherd Ivory Franz is therefore quite right when he calls attention to the fact that a recent pronouncement of the New York Psychiatrical Society uses the term *abnormal* rather than *pathological* with the consequence that "it would mean that the intellectually superior are psychiatric material as well as the intellectual dwarfs."

Insight into Psycho-Medical History

Historically it is perhaps justifiable to treat abnormality, morbidity and disease, as interchangeable terms, because their *nuances* shade into each other and are easily confused. Moreover as a convenient figure of speech, the identification of any striking anomaly with disease is as old as the Scriptures

and has been perpetuated by the practical consideration that the "doctor," the "learned one," should be called in to deal with anything out of the way, be he priest, medicine man, or physician.

Nevertheless, the province of mental anomalies deserves a larger exploitation than that afforded by the immediate appeals of non-plussed laymen faced with "the Abnormal" as a feature of personal ill-health. As a "pure science" abnormal psychology is demonstrating a broader value in the business of life, because it is apt to clear up the intellectual premises not only of the physician, but of the lawyer, the magistrate, the clergyman, the social service worker, and of the expert in scientific management or in personal efficiency.

When, however, it comes to applying his specialty to the service of particular individuals, the "anomalist" in psychology at once finds that the region of "the Abnormal" is a Tom Tiddler's ground. Yet the very disputation going on over this obscure terrain is tending to mark out a field of technical usefulness where the anomalist may by common consent exercise his specialty without becoming a trespasser upon the domain of the medical faculty. Indeed, we may look for history to repeat itself in this matter after a fashion that will parallel the recent development of "social service" as a specialization of functions once thought to be peculiarly reserved for the clergy.

It is too easy to forget that the acknowledged sphere of the modern medical fraternity is a matter of social evolution and an expression of the law of diversification of employments to meet new demands and that the end is not yet. A proper viewpoint of the abnormal in relation to medicine, as distinguished from religion and psychology would seem to demand a broadening of the historical back-grounds. One welcomes therefore a new enlargement of perspective in this direction by a work of scholarship (which is also a volume attractively bound and printed) entitled "The Growth of Medicine from the Earliest times to about 1800" by Albert H. Buck, B. A. M. D., New Haven, Yale University Press, 1917.

"*Clinical Psychologists*"

The question, Whose Province is the Abnormal, may well prove an "apple of discord!" It has been thrown into the field of abnormal psychology in the shape of that report of the committee of the New York Psychiatrical Society, appointed December 6, 1916, "to inquire into the activities of psychologists and more particularly of those who have termed themselves 'clinical psychologists' in relation to the diagnosis and treatment of abnormal conditions." This report commends, in one paragraph, the activities of psychologists outside "abnormal mental conditions," and in two more paragraphs views with alarm the invasion of the psychiatric field by "psychological clinics" and "clinical psychologists."

Objection is made to their activities being carried on "quite independently of medically trained workers who are competent to deal with questions involving the whole mental and physical life of the individual." The report closes with specific recommendations calling for united expressions of disapproval of the part of psychologists and physicians, calculated to discourage such activities.

The recommendations are chiefly occasioned, it seems, by the fact that out West "two States have enacted laws permitting judges to commit mentally defective persons to institutions upon the so-called expert testimony of 'clinical psychologists' regarding the abnormal mental conditions from which patients are alleged to suffer."

"*Psychiatric Experts*"

A sprightly discussion of the tenor and language of the New York Psychiatrical Society's report is found in the "Psychological Bulletin" of June 15, 1917, from the competent pen of Dr. Franz.

> "'Expert testimony' is probably the darkest side of medicine. Some have not hesitated to call it disreputable. When a so-called medical psychiatrist makes a psychiatric diagnosis of 'brain storm,' when two so-called psychiatric experts, each with the same

facts (hypothetical question), testify respectively that an individual is 'sane' and 'insane' it should not be possible for psychiatrists to affirm that physicians as a class are competent to make proper diagnoses and are the only ones 'qualified to deal with abnormal mental conditions.' If some states have decided to utilize psychologists as experts regarding the normality or abnormality of the mental states of individuals it is conceivable that it was done because previous medical expert testimony was not satisfactory. It might also indicate that the West is more progressive than the East."

The rest of this extensive discussion is more conciliatory than the excerpt would indicate and would seem to call for attentive reading from "clinical psychologists" in connection with the report in question. (See Psychopathological Number.)

"General Psychopathology"

The psychopathological number of the Psychological Bulletin edited by Dr. E. E. Southard, is distinguished by an extensive review of psychopathology which is a *tour de force* insofar as it achieves through twenty pages a remarkable equilibrium between the two tendencies in abnormal psychology so commonly upsetting to psychiatrists: *i. e.* the "functional" and the "organic" view. In this feat the editor is stabilized by an intellectual balance-rod, heavily weighted at one end by Kraepelin and at the other end by Freud and Jung. Between these two extremes his own views establish a critical connection strengthened by summaries of five of the reviewer's most recent contributions. At the same time, this eclectic performance shows such a strong pull toward "functional" views, that it may be regarded as a faithful index of the change that is coming over the course of psychiatric opinion.

While Professor Southard's sponsorship of new technical terms is on the whole happy, it is not easy to see the need of this addition to the "psyche" family: *orthopsychics*. This neologism already has a well-grown half-brother in

orthophrenics, which has done duty in the proposed sense (mental orthopedics) long enough for us to have forgotten its parentage. It is the old idea of *Re-education* in its pre-war sense; but served with Greek roots. Perhaps *orthophrenics* deserves more vogue now that *Re-education* is coming to mean occupational training of war-cripples.

Meanings of "Mental Conflict"

The changing point of view in regard to the nature of the abnormal is most interestingly revealed in that wide movement of our time which aims at substituting corrective and re-educational methods for the stereotyped practice of merely custodial care, whether it be in the field of criminology or of so-called insanity. Of this movement, an interesting outcrop is Dr. Healy's "Mental Conflicts" which bears the impress of a rich experience in the study, from a dynamic and functional standpoint, of wayward and delinquent youth.

The term Mental Conflicts leads one to expect something intimate and psychological like Prince's almost microscopic descriptions of the sub-conscious battles of dissociated personalities. This sort of "mental conflict" Prince has always pictured in the spirit of Sherrington's concept of integrative action; whereas Healy uses the word rather more broadly and impressionistically. But, as Professor Southard learns, Dr. Healy regards strict definition of the process of mental conflicts as unnecessary, a position which would stand self-explained if reviewers would quote the full title: "Mental Conflicts and Misconduct." (Little, Brown & Co., Boston, 1917.)

Psychomachy and the F. C. P.

In his editorial on "General Psychopathology," Professor Southard takes a somewhat pessimistic view of our present understanding of mental conflicts: "It is a pretty far cry from the competition between extension and flexion to intrapsychical conflicts"—"Up to date," he says further, "we have little more than ethical theories such as would be

quite within the range of understanding of eighteenth century moralists in relation to 'psychomachy'."

In this connection the student of "psychomachy" in its traditional sense would find some very illuminating suggestions of a Sherringtonian type if he would turn, not to the eighteenth century but back to the seventeenth; in particular to Descartes' treatise on the Passions of the Soul, article 47, entitled, "Wherein consists those combats which it is customary to imagine as taking place between the inferior and the superior portions of the soul." *Mutatis mutandis*, "the inclinations of the pineal gland" of Descartes make a very good algebraic symbol of the competition for the *final common pathway*. Adding to this the fact that Sherrington has acknowledged his indebtedness to Descartes for the ideas of reciprocal innervation, one might perhaps construe the hint that on "psychomachology" a great deal has been written which is being ignored merely because it has not caught the attention of the popularizer.

A similar state of affairs explains the apparent priority of Freud in the field of *infantile shocks*, and in *association neuroses*: yet, as Dr. C. G. Jung has pointed out, it might be well even for psychoanalysts to read what has been said earlier in English and in French on these subjects. If this suggestion were followed we would perhaps hear that a large part of the Freudian discovery is "Johnny Thompson's news."

The Demand for Unifying Views

In the Survey, July 21, 1917, Professor R. S. Woodworth gives a critique of Dr. White's book on mechanisms of character formation, in the course of which the following interesting judgment reveals a divergence of point of view from psychoanalysts. The book's teaching, he says, "is rather obscured than clarified by the vague philosophy of life and of the universe which the author, in common with many of the school, delights in spinning about the facts of their practice."

It would seem that the laboratory man's point of view is somewhat too severely scientific. The desire for a Welt-

anschauung is not to be gainsaid, and it is pertinent to all the work of the Freudians and related schools to remember that a prime motive in the spinning of theories is to bring unity in the concept of the neuroses. This striving the patients themselves are already so deeply engaged in that it is pardonable when the psycho-medical student seeks to envelop the symptoms and the cure in some sort of philosophical system. It is also relevant to state that several psycho-analysts whose names are prominent in the translations of books from the Vienna and Zurich schools confess that the great attraction of psycho-analytic doctrine is its power to bring a sense of unity to their scheme of life as well as to their medical practice. It is this broader element, albeit extra-scientific, which has no doubt led to the circulation of the rumor that the psycho-analysts of the Zurich group were threatened with special taxes on the grounds of being a religious body.

A Case of Dementi

Linguistic lapses have occupied the attention of several psychologists under the recent inspiration of Freud's psychopathology of everyday life. But it is not often that one studies the lapses of the linotype in the printing office. Such typographers' errors abound in inversions of letters, substitutions, and additions, quite as significant sometimes as any lapses of tongue or pen. In the case of a recent daily paper article on the denials, issued from Berlin, touching Ambassador Gerard's revelations, one could read that *a new construction was being placed upon the Kaiser's telegram* by "the dementia [*dementi*] of the Foreign Office."

Shock Troops

Popularization seems to require that everything German should be presented as "the latest thing out."

By a curious inversion of ideas a weekly journal, *The Literary Digest*, refers to the use of shock troops under the title "German shock absorbers."

> "Armies, like automobiles, when thoroughly up to date, must be equipped with shock-absorbers. This is the latest discovery of German efficiency, and *Stoss-truppen*, or shock units of about four hundred men each, are now attached to each army corps."

Obviously, it is not to absorb and thus to cushion the shock that these troops are used, but on the contrary to inflict a telling blow at any expense, even to the destruction of the shock troops themselves. The usual phrase "shock absorber" is here evidently mis-applied since shock absorption is a defensive and not an offensive activity. Shock-giving is the idea. In this sense shock troops are not new but a device as old as the archers and sling bearers that used to be sent on ahead of the lancers and horsemen "to begin the shock." This phrase, "pour commencer le choc" was used as a figure of speech in the seventeenth century in relation to arguments.

The same article goes on:

> "American correspondents at the French front tell us that the 'shock units' are specially formed for difficult operations which the ordinary regiments evidently are regarded as unqualified to undertake, and are formed from among the young, vigorous men of the regular battalions."

It is undoubtedly efficient to take into account the peculiar characteristics of the individual troopers; and to specialize the "determined characters" and the atavistic "cave-men" of the army. But to say that this specialization of function is a miracle of German efficiency is to underrate the past. In the time of Philip the Second of France (1165-1223), such shock troops were well established in the military scheme. They were known as *ribaldi*, after a certain Captain Ribauld, and on account of their desperate character and abandoned morals gave rise to the present meaning of the word *ribald*.

Nor is there anything new in the type of vocational

guidance (saving the mark!) which the Germans are alleged to be employing by sending their political undesirables as well as their rough characters into the exposed wave lines of the shock troops. The only credit that can be given for novelty along this line is an attempt recently made by the Germans to utilize in a military way the inmates of insane hospitals—an experiment which is understood to have failed, but concerning which it would be interesting to obtain fuller details.

War Shock

"Shell Shock and its Lessons" by G. Eliot Smith (1916, Longmans Green and Company), contains a solid suggestion of the medical growth toward the realization of the purely psychic element in mental disorder. Its testimony as to the importance of grasping the psychology of war shock is being continually reinforced by the medical reports from the theaters of war.

To American students of abnormal psychology the topic of war shock opens up many comforting vistas; when one has knuckled down for years to the cut-and-dried Linnaean classification of the Kraepelin herbarium of abnormal human nature, it is a relief to see the dynamic and biological point of view vindicated in the clinics of the war. We begin to have the right to take a fresh look at many of the psychoneuroses from a stand point which is neither that of Kraepelin nor that of Freud, but a point of view which has developed independently on this side of the water from the French and Swiss School under the influence of men like Janet, Prince, Meyer, and Hoch.

Disease Entities in Psychiatry

Adolph Meyer has never given the impression of being a partisan of the Kraepel-Linnaean system of classification; but his position as a Liberal in Psychiatry has perhaps never been more succinctly outlined than in two paragraphs which appear as a preface to a review of Healy's "Mental Conflicts

and Misconduct." These we reprint below from the Survey of August 11, 1917.

> "Those of us who have watched the development of the American work in criminology, and especially the share of psychopathology, look upon the past few years as the period of the first fruition of a new movement. It has become possible through a change in the medical attitude towards psychopathological facts. Up to but a few years ago, the physician's idea of the recognition of a morbid condition or of a 'diagnosis' was a matter of identification of the particular case with a type of lesion or with a sanctioned clinical entity, something entitled to some definite name; from this identification under a definite concept, of which the facts at hand were but symptoms, the physician could then proceed to make certain deductions with regard to the nature, cause, course, and outcome of the disorder; deductions which usually were deemed impossible from the mere facts as observed by the uninitiated.
>
> "A great change has come through a growth of confidence in the facts as they actually can be observed and in our study of them. From a method of excessive confidence in rationalizing and systematizing, we have come to a method of greater confidence in the facts open to trained observation and in the help to be derived from having enough *facts*, and not merely a central diagnosis. This development conflicts with the limitations cultivated by both legal procedure and medical tradition, but who can deny that this emancipation is or promises to be one of the greatest elements in putting human judgment concerning the management of human affairs on a sound common-sense basis free of dogmatic limitations and yet open to all progress and gains derived by scientific methods?"

Army Psychopathology

It is fortunate for our new armies that the psychomedical point of view is being represented by a group of

broad-minded men associated with the Medical Corps.

The Surgeon-General's office has from time to time announced the program for dealing with men nervously or mentally unfit for service in the Army. These announcements have related principally to the examinations which have been conducted for detecting symptoms. Major Pearce Bailey of the Medical Reserve Corps has organized this work in connection with some of the most distinguished psychiatrists and neurologists of the country. It will be recalled that Dr. Pearce Bailey was made Chairman of the Committee on Furnishing Hospital Units for Nervous and Mental Disorders to the United States Government; this is a sub-committee of the National Committee of Mental Hygiene.

It is announced that men will be excluded from military service for any nervous disease such as locomotor ataxia; for mental defects sufficient to class them as defectives; for insanity or a definite family record of it; and for chronic addiction to drugs or alcohol.

One or another of about 150 specialists will be detailed to cantonments and later will be transferred to hospitals abroad to supervise the care of nervous casualties as the necessity arises.

It is too early to say anything about the satisfactoriness of this weeding-out process or about the specific methods of treatment abroad; except that it is plainly stated that an exceedingly liberal policy will be followed in dealing with cowardice, the cases of which will be scrutinized from a new angle, that of the psychology of the emotions.

Hindu Mind Training and Re-education

The Freudians are rather sensitive about having their *cathartic method* identified with the *educational treatment* of nervous disorders as brought forward by Morton Prince 1898). Not so the Hindus, for with them the psychology of mind-training is the corner-stone of religious philosophy.

In view of the present gap between *psychological analysis* (Janet) and *psychoanalysis* it is not uninteresting to see the modern psychological trends reviewed from the stand point

of a Hindu. "Hindu Mind Training" by "An Anglo-Saxon Mother" and S. M. Mitra is a peculiar blend of modernity and Hinduism (Longmans, Green & Co.) Its refrain seems to be "thirty centuries ago"; but the table of contents abounds in references to such recent teachings as those of the school of "Descartes and Locke," Hollingworth and Titchener, Montesorri, Freud, Kant, Lombroso, E. B. Holt, G. W. Crile, and C. G. Jung, a *potpourri* of names and references suggesting an overweening desire to unite *Hinduism* and modernism in psychology.

Even from the vantage point of "thirty centuries ago" it is a little startling to have our author speak of the school of "Locke and Descartes." This implies vision from a high altitude indeed, since a chasm still separates the thinkers of the Lockean type from those of the Cartesian school.

But this aeroplaning through psychology is not without its piquancy of outlook, as for example the following glimpse:

> "The ancient Hindu sages anticipated Western 'suggestion' by about thirty centuries. Subtle students of this volume will at once see how 'suggestions' can be veiled in questions. The ancient Hindus recommended hypnotism only in cases in which 'suggestion' while conscious, as shown in this volume, had failed. So they anticipated the famous American psychotherapist, Morton Prince, by about thirty centuries."

May we suggest that "An Anglo-Saxon Mother" and her gifted collaborator, Mr. S. M. Mitra, would more quickly reach their goal (namely to reduce all psychology to Hinduism) by simply assuming that Dr. Morton Prince and other students of the sub-self had labored together originally as Hindus in a previous incarnation "thirty centuries ago!"

In any case it must be said that there is no such common denominator between oriental psychology and western psychology as the authors try to make out. There is, however, as they do well to indicate, a great deal to learn from the Hindu method of training children's minds and develop-

ing their souls by kindergarten methods such as the telling of fables. But Hindu folk-lore tales are no better for the purposes of western minds than the fables of LaFontaine or Kipling's "Just So Stories." And we think the attempt to put the new wine of modern mind-training into the old bottles of Hinduism is not likely to succeed otherwise than as a fad.

REVIEWS

MENTALLY DEFECTIVE CHILDREN. *By Alfred Binet and Th. Simon; authorized translation by W. B. Drummond, with an Appendix by Margaret Drummond.* Longmans, Green & Co., 1914, New York. Pp. xi + 180. Price $1.00 net.

This book is a translation of *Les Enfants anormaux; guide pour l'admission des enfants anormaux dans les classes de perfectionnement.* Paris, 1907. The translator does not himself give the French title or the date of publication of the work which he has translated. The book was written shortly after the article appeared, in *L'Année Psychologique* of 1905, in which Binet and Simon first set forth their proposals for a method of measuring intelligence, and is intended to serve as a guide to the methods, pedagogical, psychological, and medical, for selecting pupils for the special schools or classes. In an Appendix a condensed statement is added of the 1911 revision of the tests. The article, in the *Bulletin de la Société Libre pour l'Etude Psychologique de l'Enfant*, in which this revision appeared was translated in 1913 by Clara H. Town. With the publication this year of translations by Elizabeth Kite of all the articles of Binet and Simon in *L'Année Psychologique* in the years 1905, 1908 and 1911 dealing with the subject of the development and measurement of intelligence in children, the chief writings of Binet and Simon on this subject are now available in English.

W. F. DEARBORN.

MANUAL OF PSYCHIATRY. *By Rogues De Fursac and A. J. Rosanoff. Fourth Edition.* New York: John Wiley & Sons, 1916. Price $2.00 net. Pp. XI, 522.

In this latest edition of the well-known Manual the translator has become the collaborator. The brackets which formerly indicated material added by him have been omitted (except here and there by inadvertence), and the translator's appendices of the previous edition are here incorporated in the main text. Some verbal changes have been made for the better, as "involutional" for "affective" melancholia, "institution" for "asylum," "psychosis" for "insanity," and others. An index of authors has been added, and the subject-index has been enlarged by a page and a half.

Also, "the chapters dealing with etiology, history taking, methods of examination, special diagnostic procedures, general prognosis, prevalence of mental disorders, prevention, and medico-legal questions" and on "Huntington's chorea, cerebral syphilis,

and traumatic psychoses are either wholly new or almost so;" the chapters on "general therapeutic indications, dementia praecox, chronic alcoholism, general paresis, and mental disorders due to organic cerebral affections . . . have been more or less extensively revised or added to;" and "the remaining chapters have also been carefully gone over and corrected or altered whenever it seemed necessary or advisable to do so."

Much of the new material has enhanced the value of the book, especially the parts dealing with history taking, mental and physical examination, and diagnostic procedures, part of which was in the appendices of the third edition, and the last part of the chapter on general paresis, with the chapters on cerebral syphilis and Huntington's chorea.

Apparently for the sake of consistency with the position that there are four essential causes of mental disease—heredity, alcohol, syphilis, and head injuries—the classification and order of presentation of the psychoses has been quite changed, with the result that there are some strange groups of bed-fellows. The first group, the constitutional disorders, comprise feeble-mindedness, epileptic psychoses, dementia praecox, paranoia, manic-depressive psychoses, involutional melancholia, other psychopathic conditions (*i. e.* hysteria, constitutional psychopathy, moral insanity), and Huntington's chorea. The next three groups are more homogeneous, though cerebral arteriosclerosis is classed under the syphilitic disorders. But the scheme forces into a fifth or "miscellaneous group" the infective, exhaustive, drug (other than alcohol), autotoxic and thyrogenic psychoses together with those due to such cerebral conditions as tumors, abscess, multiple sclerosis and central neuritis, and the senile psychoses. One may not quarrel with this grouping, since each author is privileged to make his own, and this has a certain internal consistency.

In a revision in which there was, as the collaborator says in his preface, "an opportunity of bringing this manual up to date, in view-point as well as in subject matter," there are some significant omissions. For example, a scant page is given to Freud's psychoanalytic conceptions, and no further mention is made of them. The word "complex" is not indexed, and is mentioned only in connection with psychotherapy. Hence, in the sections on delusions, hallucinations, and psychotherapy and in many of the clinical chapters the author does not seem to have taken advantage of real contributions that Freud and his followers have made to psychiatry. One may recognize the value of these without necessarily accepting their interpretations *in toto*. Then, it is surely not modern to speak of "exaltation of memory," "exaggeration of consciousness," etc. And the method of presentation of the psychoses is largely that of description in general terms; little can be found of genesis, interpretation, development, or explanation of

psychoses or their symptoms, yet the trend of modern psychiatry has been in these directions.

These are but the most obvious of the failings of this edition. Perhaps to correct them all would involve such a re-writing as would make the original hardly recognizable,—a task not, however, beyond the ability of the collaborator. But in spite of them all, the fact that a fourth edition is in demand shows that there is room for it among American text-books.

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PROCEEDINGS OF THE AMERICAN SOCIETY FOR PSYCHICAL RESEARCH. Vol. IX, August, 1915, Part 1; Vol. X, August, 1916, Part 2; and Vol. XI, August, 1917.

The first two volumes here mentioned are given up to a complete presentation, with full history and description, and conclusions, of "The Doris Case of Multiple Personality" by Walter Franklin Prince, Ph. D. The report consists of 1332 pages with 87 pages of index. The report begins with a preface, followed by chapters devoted to introduction and summary (which gives the general conclusions arrived at by the author), and then follow full, minute descriptions of the first period of undivided personality, the second period of three personalities, the third period of four personalities, the fourth period of five personalities, the fifth period or the beginning of curative influences, the sixth period or the campaign begun, the seventh period with the patient under changed environment, the eighth period or quadruple personality, the ninth period with triple personality, and the tenth period with recovery of normal consciousness. Then follows the record of automatic writing, and two very brief appendices.

The author, Prince, in a paper published in the Journal of Abnormal Psychology for June-July, 1916, entitled "The Doris Case of Quintuple Personality," gave an abstract of the case for the readers of the Journal. For this reason it is unnecessary for me to present an abstract of the case in this review.

All sorts of problems are brought up for consideration by this particular case. Since this work is the result of continued daily observation and study of this patient for more than three years, one can well appreciate how thorough the history and the record of observations are. The published record of the case is the longest on record of all cases of multiple personality so far published, not excluding the works of Morton Prince and Boris Sidis.

As a matter of fact the record of observations and conversation is so long and given so much in detail that it is a question whether there are many who will read the full report. The complete index which concludes the first two volumes is of great aid

in permitting one to read the record for any particular aspect of the case in which one may be especially interested.

The great expenditure of effort and the infinite care and tremendous interest which were necessary for the compilation of the record now offered us, is admirable and astonishing. Not many men are capable of such continuous application and persistence as one finds evidence of in this work on the part of Prince and Prof. Hyslop who is partner and contributor in these efforts.

Those who are more expert in the study of cases of multiple personality than I, are in a better position to critically examine this case and agree or disagree with the various conclusions of the authors. But it must be said that no one who is in the least concerned with the great question of dissociation of personality can afford to neglect the work under consideration. It is a record which many will study in the energies to be expended upon the solution of this problem in the future.

The third volume consists of 1024 pages, of which 67 pages form the index, all written by Prof. James H. Hyslop. It comprises the report of "The Patison Case," with an introduction, discussion and detailed record, of a child who has exhibited remarkable ability in dancing. The first part of this volume is a lengthy discussion by Prof. Hyslop of "The Doris Case of Multiple Personality," with an introduction, examination of hypotheses and detailed record.

Hyslop believes that obsession by discarnate spirits is accountable for these two cases. In his discussion of the Doris Case of Multiple Personality he offers the interesting suggestion or modification of the views generally held by believers in this supernormal phenomenon that some cases of obsession may be primarily instigative and others primarily transmissive. In other words, in some cases the spirits themselves do the work (the so-called transmissive cases) and are directly responsible for the productions, while in other cases they only initiate the process (the so-called instigative cases) the individual personal doing the rest. In this latter instance he would claim that obsession of the instigative type does not exclude the existence of true secondary personality.

Without entering into a discussion, pro and con, of these ideas, I may make but a single point in this connection. If the spirits or obsessional possession, either transmissive or instigative, are responsible or can be responsible for the Doris Case of Multiple Personality and for the Patison Case of possession of unusual powers or gifts, what is there to prevent us from applying this same explanation to all of the following classes of phenomena? Why, if these views apply to the cases mentioned by Hyslop, must they, as a positive and logical conclusion forced by reasoning from fact to fact, of necessity not apply to every possible case of dissociation of the personality of consciousness, of slight or great degree, of momentary or prolonged duration? This would include cases

of so-called hysteria (a vague term), of what Freud has called psychopathological acts of everyday life, of dreams, of the productions of mentally disturbed persons (in deliria of toxic origin, in so-called dementia precox, manic-depressive psychoses and the rest)—in fact of all expressions, ideational or otherwise, in functional or even organic disorders accompanied by abnormal (unusual or uncommon) activities or manifestations. Why must these ideas not be applied to the usual, normal, everyday phenomena, since they differ from the unusual, abnormal, phenomena mainly in degree? Hence we must include dreams, and all waking normal activities, ideational and otherwise? This latter conclusion is further forced upon one if one attempts to explain all manifestations of genius and marked ability in this manner, for it it but a step to include all sorts of ability, every type of behavior. And why stop with behavior or reactions of human beings only? Why not include the reactions of animal life—in fact all manifestations of life, from the lowest to the highest rung? Seriously this is the final conclusion to which one is forced. And this means nothing more than reincarnation of one sort or another.

There is no question but that the question of survival after death and of communication with and by spirits has been brought anew to the attention of educated persons very forcibly by the reading, at least as evidenced by the reported big circulation, of Sir Oliver Lodge's recent book entitled "Raymond, Or Life and Death." The war, to be sure, will contribute in great measure to this end.

MEYER SOLOMON.

THE PSYCHOLOGY OF SPECIAL ABILITIES AND DISABILITIES. *By Augusta F. Bronner, Ph. D., Assistant Director of the Juvenile Psychopathic Institute, Chicago.* Boston: Little, Brown & Company. $1.75 net. Pp. 269.

Here is the sort of book that many of us have been waiting for for some time. We have seen evidences of the general truths expressed in this work so frequently in our observations of adults, both normal and abnormal, that it is a great satisfaction to see a work of this sort, coming from a reliable worker dealing with these conditions in their incipiency, studied conscientiously and thoroughly, with the presentation of concrete cases, so that he who runs may read and see and judge for himself and be convinced, if he has doubted before.

This work tells us of educational and vocational maladjustments resulting in children who have peculiarities which require special consideration but which are receiving practically no attention with our present methods of child training.

This book deals not with the out-and-out feebleminded, but with the individual with special defect and the subnormal with special ability.

In the chapter on methods of diagnosis it is shown that the ordinary measuring scales of intelligence, as they are called, are insufficient to detect these cases, but there is needed an intensive study, by many methods, of each particular case. He who wishes to hurry and come to a quick conclusion not only misses these cases but is unfit to do this important work—and how many are doing this sort of work without a highly developed conscience and regard for the welfare and future of the individual child I will leave to the good imagination of the reader.

In this chapter on differential diagnosis the many conditions to be taken into consideration and excluded are taken up.

In her consideration on "some present educational tendencies" Dr. Bronner again brings home to us the importance of educational diagnosis and its relationship to the future success or failure of the individual, especially as regards vocational problems, and emphasizes the need for the study and understanding of success or failure in school work, in this or that field.

There then follow chapters devoted to particular aspects of the problem, with illustrative cases. She considers special defects in number work, in language ability (reading, spelling, and spoken language), in separate mental processes [memory, inner visual functions, work with concrete material, perceptual abilities, the higher mental processes—mental representation, perceptions of relationships, and mentions other possible disabilities (such as attention, artistic endeavors, imagination and inventive abilities, and learning ability)].

There is a chapter on defects in mental control, which, if one wished, one could discuss at great length, since it is directly related to the general question of nervous and mental instability.

The authoress then discusses the problem of special abilities with general mental subnormality, mentioning specifically, with illustrative case-histories, special ability in number work, for language, for rote memory, and on the motor side, and then devotes some remarks to borderline cases.

The chapter on general conclusions is followed by an appendix giving the records of the psychological examination of each case cited in the volume.

Dr. Bronner rightly calls attention to the fact apparent to many of us that the present tendency in mental and educational diagnosis is to lay stress upon defects and disabilities only, to grade the child down rather than up. There is neglect, to a great extent, to search for special gifts or unusual capacities.

In other words we must know the reasons for success or failure. And where there is failure, we should endeavor to learn how success in one direction or another may be brought about. This means work—conscientious, sincere, fairminded, earnest work. No helter-skelter, hurry-up method should be followed or tolerated in these cases. It means that we should give the child

a square deal—not only in conditions of birth and health physically, but in our educational diagnosis of him, our starting him on the right course in life, in vocational problems.

Those of us who see this thing in a broad light, have long realized the importance of this very problem in the etiology of certain cases of delinquency (crime), alcoholism, psychopathic states, relative degrees of failure and maladaptation in life.

This work is a definite, concrete presentation of a general problem about which we have thought and talked much but about which little has been done up to the present.

As such, it cannot be ignored by any who have the interest of the child at heart, by those who are interested in any of the many ramifications and broadening fields of the social sciences.

One may confidently bespeak for this volume a wide reading, as a deserved tribute to the pioneer work of a directly practical, concrete sort.

This work can be looked upon as a direct challenge and warning to those who believe that by the Binet scale or some other single method of measuring intelligence they are doing all they ought to do in the study of the mentality and educational and vocational possibilities of the child.

It is also a warning to those ultra-eugenists who are in the habit of saying "Away to an institution with the child," advocating permanent segregation and custodial care, with other methods so well known but inapplicable in these cases.

And the moral? Look before you leap. Don't jump to conclusions, especially when the future of another is in the balance and is in the palm of your hand, so to speak. It is becoming a question, too, whether the opinion of a single individual should be followed in many of these cases, and whether one should not be checked up by the other fellow—by a fellow worker. Here, too, I may refer to the suggestions of Yerkes as given in his brief paper entitled "How May We Discover the Children Who Need Special Care?" in the April, 1917 number of Mental Hygiene.

MEYER SOLOMON.

MAN'S UNCONSCIOUS CONFLICT. *By Wilfred Lay, Ph. D.* New York: Dodd, Mead & Company, 1917. $1.50 net. Pp. 318.

The subtitle of this work refers to it as "a popular exposition of psychoanalysis."

The plan of the work is, in brief, as follows: There is an introduction, followed by chapters entitled "the unknown element in action;" "the Oedipus myth;" "the foreconscious;" "the unconscious (descriptive)" which deals with ten aspects labelled complete retentiveness, repression, independent vitality, symbolism, the censor, sublimation, introversion, pleasure-pain versus reality, regression, and universality of manifestation; "the unconscious

(dynamic)," with seven sub-headings entitled craving or reality?, where do thoughts come from?, resistances, conflicts, complexes, phobias, and our mental attitude; "the individual psyche;" "dreams;" "two kinds of thinking;" "everyday life," "psychotherapy," dealing with the moral struggle, reasoning by analogy, psychic gravitation and the transference; "educational applications," with divisions devoted to the object of mental activity, the father-image, the superiority feeling, "he irritates me," memory work, abstract thinking, and hate, anger, and love; with a final chapter on "conclusions."

The writer has done well in his efforts to present a popular exposition of psychoanalysis. Of course, many of us may question the propriety of presenting a popular exposition of views still under discussion, most of them *sub judice*, many of them disproven. But, however, that is beside the question.

Lay has combined the views of Freud and his followers, including Jung, and to a certain extent even Adler, and has given the public, in so far as it is in search of these views, a brief, compact, well-written, correct, plainly-put but carefully and judiciously presented summary which has culled the literature of psychoanalysis for the most important conclusions which have been arrived at by Freud and his followers.

Naturally, under the circumstances, Lay offers nothing more than a second-hand, orthodox presentation of these views. But he tells the story well, and the average reader will find it entertaining and suggestive enough to probe more deeply into psychoanalysis and the so-called deeper psychology.

In this, then, the writer has accomplished his purpose decidedly satisfactorily, from his standpoint, to be sure.

As a result, no really critical presentation of any of the views compiled is in the slightest degree attempted. All is presented as if it were the positive, untarnished, absolutely proven and thoroughly agreed upon truth—which, as we all know, Freudians, Jungians, Adlerians and others, is not so, by any means.

Consequently one finds throughout the work a carelessness of statement of fact, with an uncalled-for cocksureness of statement, with a tendency to extremism and exaggeration. This, however, can be forgiven or rather understood, if we take into consideration what the objects or motives of Lay were in writing this book.

In much that he has written, too, it seems that the writer has had no direct experience. Not being a medical man, much of what he says under psychotherapy, for instance, with especial relation to physical illnesses supposed to be due to psychic factors, is but hearsay or repetition of statements made by others, who, regardless of their high standing, may have been entirely wrong in their conclusions or interpretations.

Consider, if you will, the following statement made by Lay on page 259: "It is quite reasonable, too, to suppose that many dis-

eases are compensations for certain circumstances of the environment of the sufferers. Napoleon, whose ambition might justify one in calling him the personification of assimilative appetite, dies of cancer of the stomach, a childless married woman dies of cancer of the breast, some men drink life to the lees and perish prematurely of uraemic poisoning." Well, now, one is impelled to ask, what about it? Is not this symbolism with a vengeance? Is not this going the very limit, and so far beyond it that one has reached the land of absurd dreams and the loosest thinking, when one permit one's self to reason in this unrestrained fashion? Where will one stop, once one permits one's self to indulge in such loose thinking? This is getting as bad as Christian Science in its absurd claims of the supernatural influence of ideational processes on the bodily activities.

Let psychopathologists not go to the extreme of attributing to psychic processes, least of all to ideas, all sorts of physical ailments, without a close study of the facts, of the modus operandi. Prove your case. Don't jump to conclusions and make baseless, unsupported, even though sensational and astounding assertions.

MEYER SOLOMON.

PHILISTINE AND GENIUS. *By Boris Sidis, A. M., Ph. D., M. D., Medical Director, Sidis Institute, Portsmouth, N. H.* Boston. Richard G. Badger, 1917. Pp. 122. $1.00 net.

This is "a revised third edition with an additional preface on current events and an essay on Precocity in Children."

In the preface Sidis calls attention to the horrors of the great war and some of the errors in the modern social organization. He deprecates the training of children by fear, submission and blind obedience to so-called superiors with the exploitation and development of undesirable, handicapping traits, especially too much cultivation of the herd tendency, with suggestion and imitation to the fore, while expansion of the personality and self-knowledge and freedom of expression of hidden abilities and powers are stifled into nothingness. "The progress of humanity is from brute to man, from Philistine to genius."

He calls attention to some of the glaring vices and incongruities and superficialities of modern civilization and industrial life, with its consciously purposive application of Darwinian principles to human life-activities in all their brutality. "The true education of life is the recognition of evil wherever it is met," for, after all, "The principle of recognition of evil under all its guises is at the basis of the true education of man."

He indicates some of the patent faults of our modern educational system.

"There is no place for genius in our schools. Originality is suppressed. Individuality is crushed. Mediocrity is at a premium."

"Awaken in early childhood the critical spirit of man; awaken early in the child's life, love of knowledge, love of truth, of art and literature for their own sake, and you arouse man's genius."

"The cultivation of the power of habit-disintegration is what constitutes the proper education of man's genius." He insists that we should cultivate variability, for this permits one to have recourse to the potential, hidden, stored-up, dormant, unused, subconscious, reserve energies latent in all of us.

His suggestion is as follows: Excepting the children backward in development because of congenital or some overlooked pathological condition perhaps easily remedied by proper treatment, Sidis insists that in the large majority of children the beginning of education should be between the second and third years of life, and from the very beginning the child's energies and interests should be directed to intellectual activity and love of knowledge rather than the usual nursery games and physical exercises. Our schools and colleges are training their students in the art of money-getting and the like rather than stirring up in them a real love for knowledge.

"We do not appreciate the genius harbored in the average child, and let it lie fallow."

That we have up to date only scratched the surface of man's possibilities, and scratched it too often in the wrong place, no one who has seriously reflected upon this can deny. Hence we must whole-heartedly agree with Sidis when he asserts: "We can develop into a great race by the proper education of man's genius."

Every psychopathologist, psychiatrist and educator must agree when the author warns us to guard the child against all evil fears, superstitions, prejudices, and credulity, in order to prevent nervous and mental diseases and their allies.

So convinced is Sidis that the control of mental and moral life should be in the hands of the medical psychopathologist that he ventures to predict that the medical man will in the future assume the supervision of the education of the nation.

In the appendix, he calls attention, among other points, to the groundlessness of the fear of the results of the application of the method he advocates, for it shows that we are but afraid of genius, "especially when it is manifested as 'precocity in childhood.'"

Throughout the volume Sidis writes with terrific force and power, and his intensity, his sincerity, and his whole-souled devotion to the cause to which he has given himself in this book shines through on every page.

Here, too, as elsewhere, he shows a clarity of thinking, a directness and unerring aim in expression, and a keen understanding of that which he has undertaken to discuss.

I heartily and earnestly recommend the work to the readers of the Journal of Abnormal Psychology.

MEYER SOLOMON.

BOOKS RECEIVED

MENTAL ADJUSTMENTS. *By Frederic Lyman Wells.* D. Appleton & Co. Pp. XIII plus 331. $2.50 net.

CONTRIBUTIONS TO PSYCHO-ANALYSIS. *By Dr. S. Ferenczi.* Translated by Dr. Ernest Jones. R. G. Badger. Pp. 288. $3.00.

SEX WORSHIP AND SYMBOLISM OF PRIMITIVE RACES. *By Sanger Brown II.* R. G. Badger. Pp. 145. $3.00.

A POINT SCALE FOR MEASURING MENTAL ABILITY. *By Robert M. Yerkes, James W. Bridges, Rose S. Hardwick.* Warwick & York. Pp. 218. $1.25.

THE ANIMAL MIND. *By Margaret Floy Washburn.* The Macmillan Co. Pp. XII plus 386. $1.90.

THE MASTERY OF NERVOUSNESS. *By Robert S. Carroll.* The Macmillan Co. Pp. 346. $2.00.

AN INTRODUCTION TO THE PHYSIOLOGY AND PSYCHOLOGY OF SEX. *By S. Herbert, A. & C. Black, Ltd.* (The Macmillan Co.) Pp. XII plus 136. $1.35.

SCIENCE AND LEARNING IN FRANCE. An Appreciation by American Scholars. Northwestern University Press. Pp. XXXVIII plus 453.

AN ANALYSIS OF THE LEARNING PROCESS IN THE SNAIL, PHYSA GYRINA SAY. *By Elizabeth Lockwood Thompson.* Behavior Monograph Series. Henry Holt & Co. Pp. III plus 97. $1.25.

THE EFFECT OF LENGTH OF BLIND ALLEYS ON MAZE LEARNING: An Experiment on Twenty-Four White Rats. *By Joseph Peterson* Behavior Monograph Series. Henry Holt & Co. Pp. III plus 53 75c.

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ORIGINAL ARTICLES

COCONSCIOUS IMAGES[1]

BY MORTON PRINCE

THE phenomena which I am about to describe are important because, if the evidence upon which they depend is accepted as veridical, they afford *direct* evidence of specific subconscious processes occurring under certain conditions. Even the most ardent of clinical psychologists must admit that the subconscious processes which they postulate to explain their clinical phenomena are based on indirect or circumstantial evidence; that is to say, the postulate of a subconscious process is inferred from the behavior of the phenomena and the logical relation which appears to exist between them and certain antecedent experiences, that give justifiable grounds for the inference of a causal relationship. This causal relation requires the assumption of a subconscious process acting as an intermediary between the conserved antecedent experience and the present observed phenomena. In other words, all takes place *as if* there were this subconscious process.

Now, for the subconscious phenomena about to be described the evidence is direct. I have said that the acceptation of the phenomena depends upon the acceptation of the evidence as trustworthy. If this be not accepted, the phenomena are valueless. The evidence is that of memory

[1]Presented at the Eighth Annual Meeting of the American Psychopathological Association, Boston, May 24, 1917.

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derived from introspection. It is the same kind of evidence that must necessarily be used and accepted in all psychological investigations into the content of consciousness. It would seem that if this kind of evidence is accepted, as it is, in one class of psychological investigations, there is no justification in refusing it in another. But of course in every investigation employing this method, everything depends upon the accuracy of the powers of introspection and trustworthiness of the subject. I have observed these phenomena in three cases only—two of my own and one of Dr. Waterman's, who kindly permitted me to observe his case with him. My own two cases were studied over a long period of time, and therefore I had an opportunity to weigh carefully the introspective capacity of the subjects, their introspective memories, and their trustworthiness. I have not the slightest doubt regarding any of these points. Dr. Waterman has the same confidence. Furthermore, my own cases have been submitted to quite a number of well-known competent observers, and no one has expressed the slightest doubt regarding their veridical nature.

Regarding the significance and interpretation of the phenomena I am not prepared to express definite conclusions. They permit, however, of provisional theories which I will offer in the proper place.

Description of the Phenomena

The phenomena consist of coconscious "pictures," for the most part visualizations, sometimes auditory "perceptions," which occur outside the field of awareness. I say "coconscious" and "outside the field of awareness" because the subjects in their normal waking state are entirely unaware of them. By no effort of mental concentration or introspection can they possibly bring back memories of such pictures ever having entered the field of consciousness, nor are they aware of them at the moment of occurrence. There is no immediate awareness of them, and it is only by retrospection under the conditions of certain methods of investigation that memories of these coconscious pictures can be recovered.

The method employed was that of retrospection in hypnosis. When the subjects were hypnotized and thereby put into a condition where, as so commonly happens, the capacity for synthesization is enhanced, memories of coconscious phenomena which it was claimed had never entered the field of awareness were obtained. These memories were very precise, definite and realistic. There never was any doubt about them as memories, nor any doubt about them as previous realities, that is to say, real psychical occurrences. They were always described as vivid pictures (or auditory sounds, music, etc.) varying in character from a single picture, as of a face or other object, to a succession of pictures, like motion-pictures representing the action of a scene. They were in other words similar to the visualizations (belonging to perceptions) which occur normally in the course of conscious thought, as when one thinks of a person or place or scene, only they were more vivid and when cinematographic more complex, and did not appear within the conscious content of awareness. Furthermore, *these visualizations or pictures were not integral elements of the conscious stream of thought (perceptions), but in their content pertained to matter of which the subject was not consciously thinking at the moment.* The matter generally, if not always, was related to antecedent mental experiences (thoughts) with or without secondary elaboration.

The conditions under which these phenomena were observed were various; for instance, they occurred regularly during the course of suggested post-hypnotic acts, often as post-dream phenomena, and as phenomena of repressed thoughts, etc. They will be classified later after I have given a few examples in order that their nature may be more clearly understood at the outset. For this purpose I will take a type occurring, perhaps, under the simplest conditions, namely, suggested post-hypnotic phenomena.

1. Post-Hypnotic Phenomena

Observation 1: The suggestion was given to the subject in hypnosis that after waking, on the entrance of Dr. Waterman into the room, she was to go to the bookcase, take down

a book, take it to the table and place it by the telephone instrument. She then was to take a cigarette from the box and put it in her mouth. The latter suggestion she refused to accept saying that she "would not do it," that "I could not make her do it," etc. Nevertheless I insisted.

This suggestion, after waking, was accurately carried out up to the point of putting the cigarette in her mouth. Instead of doing this she laughed and, after some hesitation, offered a cigarette to me and to Dr. Waterman.

The subject was then put into three different hypnotic states and the following memories elicited of what occurred subconsciously during the suggested post-hypnotic action. I will give substantially the exact words used in one of these states. (In this state, not in the others, the subject speaks of herself in the third person, as "C.")

"You know after you woke her up and you went into the other room to summon Dr. Waterman, there began to be pictures in the subconscious portion of her mind. There was a picture of the bookcase, then one of Dr. P.—very bright, much brighter than that of the bookcase—and then there was a picture of a woman walking across the room, taking a book out of the bookcase and then coming back and putting it down by the telephone. (The picture was not of the subject.) She was in black, tall, had gray hair. A picture of you alternated with all the pictures. There was an ornate gold frame,[2] very bright, about your picture. These pictures first came after awaking, before getting up from the sofa, (perhaps a minute). C did not see them but she thought of a bookcase alone and nothing more. Afterwards she got up and as she proceeded to carry out the act the pictures still kept coming and going, subconsciously. When she took down the book a picture of a woman taking down a book came into C2's[3] mind and each act was accompanied by a picture corresponding to the act and each picture alternated with a picture of you. After she had laid the book down she turned to the table where the cigarettes were when there came a very bright picture of a ballet or chorus girl. The girl had short red skirts of tulle and she was

[2]This gold frame frequently appeared under certain conditions and seemed to have a symbolic meaning in that it stood for my authority, suggestions, therapeutic assurances, advice, etc. This symbolism was a perseveration of commands, or assurances that all was well, etc.; *i. e.* actual therapeutic suggestions and advice given to solve her problems and resolve her mental conflicts.

[3]C2 was an arbitrarily agreed upon term to designate, for short, that subconscious portion of the mind in which the pictures, which did not appear in awareness, occurred.

sitting at a table with her feet crossed. A three cornered hat was on her head and she was *smoking a cigarette*. She looked very gay. This was when C picked up the box of cigarettes and as she did so there came the thought that she would put a cigarette in her mouth and then she felt shocked at the idea. It was with a picture of the ballet girl that the *thought* came to put a cigarette in her mouth and then she felt shocked at the idea of doing such a thing. No pictures came into her conscious mind, only two thoughts, one of the bookcase, the other of putting a cigarette in her mouth. The pictures were subconscious (C2)."

The picture of the ballet girl had an interesting history. It transpired that this picture was a replica of a real picture which she had seen elsewhere and which previously had brought to her mind, much to her disapproval, the kind of people who smoke cigarettes. It had made an impression of aversion, for it symbolized her punctilious ideas as to smoking cigarettes. This general aversion, without any specific memory of the picture, was why she had been consciously unwilling to accept the suggestion to smoke them. But smoking cigarettes had been actually associated in her mind with the ballet girl type of person, and apparently this strongly associated idea, symbolized in the form of a previously experienced picture, arose subconsciously at the moment when the suggested act was to be performed. When she felt shocked that she should have the idea of smoking a cigarette this subconscious picture of a ballet girl appeared.

Obs. 2: The suggestion was given in hypnosis that the subject was to bring to me the next day a *manuscript*. The authorship of this manuscript was symbolized by the letter A for reasons not necessary to go into. This suggestion was carried out, the manuscript being brought in her muff and handed to me without the subject afterwards being aware of what she had done. That is to say, she had no knowledge of the suggestion or of the fact of having carried it out.

The coconscious events were afterwards described in two different hypnotic states as follows, the language of each description of course being somewhat different:

After the subject was awakened from hypnosis, on her way home, "there kept coming and going coconscious visual images of

the letter A (rather vague and indistinct) and of the letters MS. These floated in and out, alternating with a *bright* picture of you, much brighter than the others. Then, while she was eating her dinner there came a picture of her desk where she keeps all her papers—all the copies of all that she has done for you. The picture of the desk was brighter than that of A. The lower drawer was open. There were some hands searching all through the papers and taking out some papers and rolling them and putting an elastic around them. There appeared over and over visual images of hands, desk, manuscript, hands, desk,—then there came a picture of her muff and the hands putting the roll of manuscript in the muff, then again a picture of you. These all went through her mind [coconsciously]. First A, then picture of you, then MS, then picture of you, then desk and hands getting papers, then you, then muff, then you, then hands putting papers in muff, then you, then roll of papers in muff, then you, then there was a picture of hands giving the roll to you. These alternated over and over.

Of the pictures, that of you was all that was in C's consciousness. She didn't think about it but it floated into her mind."

(Note that in this observation one of the pictures, that of me, emerged into consciousness. This, as we shall see later sometimes happens, and then it may appear as an hallucination.)

The mental condition during the actual carrying out of the post-hypnotic act was described as follows:

After she had gone upstairs and when she was going to bed she went to the drawer to take her diary out to write in it and she burrowed down under all those papers and took out that manuscript and rolled it up and put an elastic around it and put it in her muff, but she did not know she had done it. She did it in a perfectly absent-minded way. She was thinking of her conversation with you before she left. She was entirely unconscious of what she was doing. With each act as above described a corresponding picture appeared in C2. For example: picture of open drawer —she opened the drawer; hands picking up manuscript—she picked up manuscript, etc.

That all happened last night. This morning she came in with the manuscript in her muff. She had her finger in the roll all the way in but she did not know it. She had it in her hand when she took her things off, came in here and gave it to you. When she gave it to you the pictures of you and the hands were very bright in C2 and I think also in C's mind, in an unconscious way. She handed it to you in an absent-minded way. That is, she did not know what she was doing.

Note the fact that these coconscious pictures began to come and go shortly after the suggestion was given in hypnosis and for a long time before the suggestion was to be carried out, showing that some sort of a subconscious process energized by the suggestion was in activity and that this process was apparently the same process that was going on during the carrying out of the suggested act, for the pictures were the same up to the fulfillment. Whether this was a correlated process or a causal process the facts do not absolutely establish although the natural inference is that it was a causal one.

These same phenomena were frequently observed, when inquired into, following suggestions given for therapeutic purposes. The resulting phenomena of course belong to the same class, namely, suggested post-hypnotic phenomena.

Obs. 3: On one occasion, for instance, I suggested to the subject in hypnosis that she would be "as hungry as a pig;" I also gave the suggestion of "sleep" to relieve the insomnia of which she had complained. In giving the suggestion "sleep" I had described how sleepy she would be when she went to bed—that her head would droop, droop, etc. It transpired that when I said this she thought of a child and it reminded her of a mother putting a child to sleep. Now later after waking there were coconscious pictures of some little pigs scrambling over each other to eat from a trough. This was followed by a picture of me in a frame, but not bright as it had been before. This again was followed by a picture of a woman trying to wake a child who was very sleepy. The woman could not wake her. She took the child by the shoulders and the child's head fell back from one side to the other as when overcome by sleep. These pictures of the sleeping child were faint and shadowy. With pictures of the pigs the subject felt that she must eat something and with those of the sleeping child she felt sleepy, and although she did not feel hungry she drank some milk, and in spite of a certain sadness and depression she slept fairly well.

This affective state could be correlated with other pictures occurring at this time, alternating or coincident. This correlation will be described later in connection with affective states.

It should be noted that the pictures of the sleeping child

were not simply reproductive representations of the thought experienced at the time of the suggestion but were distinct coconscious elaborations of the same and therefore fabrications. The same probably is true of the "little pigs."

The above examples make the character of the phenomena clear. Taking the phenomena as a whole they may be grouped for convenience of study in the following types: Those occurring as

1. Phenomena of post-hypnotic suggested acts.
2. After-phenomena of dreams.
3. After-phenomena of repressed thoughts.
4. Phenomena of moods, particularly depressed or exalted states.
5. Symbolisms.
6. Phenomena in the mechanism of hallucinations.
7. Phenomena of perseveration of previous emotional complexes.

This classification is not exclusive, inasmuch as the characteristics of two or more types may be present in any given phenomenon. For example, as after-phenomena of dreams they may also represent repressed thoughts giving rise to and occurring in the dreams; and as phenomena of moods they may exhibit the characteristics of any of the other conditions.

The behavior of the phenomena is comprehensible only on the theory that they are not the whole subconscious process, but are coconscious elements in a more elaborate underlying process which cannot be brought to consciousness as a memory, as can the pictures. For the most part the pictures and the inferred underlying processes can be logically interpreted as revivals or perseverations, with or without secondary elaboration, of antecedent thoughts (experiences).

Sometimes the coconscious phenomenon could be correlated,

(a) With conscious affects: that is to say, the affective state of exaltation or depression (mood) coloring consciousness bore no relation to the conscious thoughts of the subject, but corresponded to these coconscious phenomena of which the subject was unaware.

(b) With somatic phenomena in an apparently causal relation: as when coconscious images of movements of the hands or feet were accompanied by such movements.
(c) With conscious thoughts; as when, following or coincident with the images, thoughts pertaining to the objects pictured entered the subject's mind.
(d) With antecedent thoughts of which they were pictorial representations, sometimes in symbolic and allegorical form.
(e) With hallucinations which were simply the emergence into awareness of the coconscious images.

In giving the records of further observations the above classification of types will not be strictly followed in view of the fact that, as already stated, any given phenomenon may exhibit the characteristics of several types.

2. After-Phenomena of Dreams

Coconscious pictures which had been elements of previous dreams frequently occurred. Sometimes they were accompanied by *somatic phenomena* which again were elements in the dreams. Frequently *repressed thoughts* which appeared in the dreams also appeared in the pictures. The following are examples.

1. In this dream she was at the entrance of a great cave. Some one, a figure, came rushing past her with his hand over his (or her) eyes. This figure said "Do not look! You will be blinded!" Suddenly it flashed light in the cave, like a flash light picture and she saw a scene there enacted. Then everything became black as if she were blinded, and then it would flash and illuminate the cave and she would again see the enactment of the scene. This happened three or four times in the dream.

Now after waking pictures began coming and going coconsciously—of the cave, and of the objects seen there in the dream; and sometimes coincidentally with the occurrence of these pictures, of which of course she was not aware, she would see consciously, *i. e.* be aware of, a flash of light just as she did in the dream. Then it was as if again she looked into a brilliantly lighted place and saw there some

horrible object (the scene in the dream, although she did not know it to be such). It may be added, although not germane to the point, that at first, after waking, she was unsteady and shaken nervously, but after a time the picture of me in the frame began to come coconsciously and alternate with the above dream pictures, and with the picture of me she would become steadier and would think (guided by past experiences), "It is only a dream probably. I won't allow it to upset me. I will be just as calm as I can and it will probably be all right," etc. When this dream was interpreted it was not difficult to show that the cave, flashes of light, blindness, etc., symbolized pictorially antecedent thoughts that she had had, and had tried to *repress*.

Such phenomena would seem to compel the conclusion that the *same process which had produced the dream content continued to function subconsciously during the waking state* and caused the coconscious pictures on the one hand and the somatic phenomena on the other.

It should be noted in passing, for we shall see a more striking example later, that some of the coconscious pictures, namely, the scene in the cave, emerged into consciousness as an hallucination when the flash of light occurred.

2. The dream was of picking her way over a certain rocky path which was covered with cats. She picked her way to avoid stepping on the cats, and shrank and wriggled as she placed each foot to avoid the cats.

Now after waking from this dream, during that same day, the subject frequently had a feeling that she was going to step on something disagreeable, and frequently looked to see what she was stepping on, to see if there was something there. Each time she shrank from this possible something just as she had in the dream. Coincident with this feeling of stepping on something disagreeable there came coconscious pictures of the cats on the rocky path—revivals of the dream cats under her feet.

3. During the afternoon preceding the dream while tearing up some letters referring to an episode in her life, she was very much disturbed over the false position in which she had been

placed: she thought "I cannot move in the matter." The dream symbolized these thoughts: for in it she was told by a certain person, the writer of the letters, that she could not move, that is, go for help; and thereupon she could not—she became rigid.

Now the next day there were coconscious pictures of the person of her dream, and when these pictures came she could not move a step even though at the time she was crossing the floor. This happened half a dozen times when she was up, and more often when she was lying down. At such times she would become rigid for a few seconds and then the picture of the dream personage would go out of the subconscious and my picture would come and she could move.

3. Repressed Thoughts

Many instances of pictures which seemed to be plainly the visualizations of repressed thoughts were observed. An example of these occurring through the mediation of a dream has already been given. The following illustrates their occurrence following repression without such mediation.

1. On one occasion the ten days or so preceding the anniversary of her husband's death was a time of distressing associated memories among which was one of the death-bed scene. Now, on a certain day at the beginning of this anniversary period, visualizations of this death-bed scene—of the room and the bed, of her husband sitting on the side of the bed, of Mrs. X supporting him, and of blood coming from his mouth—had been coming and going *coconsciously* and *before* the memory of it came into her consciousness. It was not until the next day that the memory of this scene, along with many associated ideas pertaining to her husband, entered the conscious content of her mind and then she *consciously* visualized the scene. And whenever she did so a wave of nausea arose. (During the whole period she suffered from prolonged headache. The deathbed scene itself she had not actually witnessed but it had been described to her by a certain Mrs. X., her husband having died away from home. The visualization came from this description.) During this anniversary period a great many other distressing memories connected with the last days of her husband crowded into her mind. She made a great effort, however, to repress them, to put them out of her mind by fixing her thoughts on other things. But, as another

subject said, "When you put things out of your mind, you don't put them *out* of your mind, you put them *into* your mind." And so she succeeded in putting them out of her mind, in repressing them, *but only to have them reappear as pictures in C2*, and among these pictures was the visualization of the death-bed scene, which from time to time kept recurring. This particular coconscious visualization was always accompanied by ("caused"?) waves of nausea just as was the case when she consciously visualized the scene. (This occurrence of nausea correlated with distressing coconscious visualizations of other scenes had been noted before.)

4 and 5. Moods and Symbolisms

Not infrequently these visualizations were manifestly allegorical representations of ideas entertained by the subject, and specifically were expressive of her outlook towards life and the particular problems it presented to her, or of her relations to her environment, etc. These allegories took different shape according to her emotional mood, varying as she was elated or depressed. Evidently there was a close correlation between these coconscious phenomena and the contemporary mood, *i. e.* the affective coloring of consciousness, the former appearing to determine, or at least reflect the latter, or vice versa; or as may be more probable both being determined by deeper subconscious processes from which the affect emerged. A few examples, out of many that might be given, will make clear what I mean.

1. Often when the subject felt full of courage, but not really happy, according to the introspective statement given by the hypnotic personality, there would be in C2 the picture of a man toiling up a steep mountain side, with a heavy pack on his back. If she felt hopeful the mountain looked bright at the top, but if she felt doubtful about accomplishing whatever it was she wanted to do the mountain top was in the clouds.

Sometimes the road up the mountain seemed very rough, and at others it was smooth, according as she felt. On one occasion, for instance, the subject "was more depressed than she had been for a long time. She felt as if she simply could not bear a disappointment which had come to her. There was not one bright or hopeful thought in her mind. She felt that she had come to the end of her endurance and was ready to give up the fight."

Now the correlated coconscious picture was of a road "so

rough as to be almost impassable; the man was bent under the weight of his load and the top of the mountain was hidden by black clouds." After a psychotherapeutic talk "the picture was still there but changed. The clouds had lifted from the top of the mountain and the atmosphere had cleared. The man was still toiling up the mountain side but he stood up straight and the road was not so rough. The man in this picture looked a little like Pilgrim in 'Pilgrim's Progress.' He had on a sort of frock, belted at the waist and reaching to his knees and heavy laced boots, quite high. His hair was long and he had no hat. His bundle was slung over his shoulder on a stick." *With the change in this picture there came a change in the subject's thoughts and feelings:* "She felt some hope and courage, some strength to meet the demand made upon her. She felt that she had exaggerated the importance of the matter which had disturbed her and that she ought to be very thankful that it was no worse, but still felt depressed and sad, though stronger."

It will be agreed, I think, that if the subject had wanted to picture, allegorically, her conception of the road of life which she had to travel and its final goal, according to her mood, she could not have voluntarily done it better. But this allegory can not be construed as a wholly new, original subconscious fabrication of the moment. She had previously often consciously thought of the road of life which she had to travel in similar allegorical terms and this rough rocky road had appeared in her dreams. Such thoughts therefore were conserved when out of mind in the subconscious, and we are permitted to infer, from all that we know of the subconscious, that they took on functional activity and by some mechanism manifested themselves through these coconscious pictures. They had, however, in the allegory undergone much secondary elaboration. The coloring of the conscious content of the mind by the affect belonging to a subconscious process is a phenomenon which has been frequently demonstrated.[4] Although in a given instance the subconscious source of the affect may not be clear, in other instances there seems no room for doubt.

2. Another set of cinematographic pictures appeared about this time. The scene was my office. I was "blowing bubbles—

[4]See Prince: *The Unconscious*, Chapters XII, XIII, XXVI.

gorgeous great bubbles—and there were pictures of herself holding out her hands to catch the bubbles. And then the bubbles burst. When the bubble was there she felt elated, and when it burst she felt depressed."

These pictures can be rationally interpreted as an allegorical representation of actual psychotherapeutic experiences. I was in the habit of encouraging her with roseate plans for her future, of what she could do in the way of literary and other work to solve her problem of life. But these plans almost always "burst" and for one reason or another came to naught. This too, was her point of view and caused considerable unhappiness. With the acceptance of the plans, however, she was always highly elated, but when they finally "burst" she became correspondingly depressed.

3. There were certain lines upon courage which had appealed to her and which appeared at times as visualized words in C2 but without coming into the conscious content of her mind. These lines began:

"Of wounds and sore defeat
I made my battle-stay,
Winged sandals for my feet
I wove of my delay."

When these words appeared she felt more courageous and had more endurance.

4. Again, it was observed that at times in the C2 part of her mind there was a curious religious connection with her mood.

Thus when she felt very depressed and rebellious there was a picture of Christ on the Cross. Correlated with this picture, of which of course there was no awareness, her conscious thoughts at the moment were of undeserved suffering. She realized that suffering is not always a punishment for sin (as Christ's was not), or happiness the reward of virtue. When, on the other hand, she felt peaceful and her mind was more or less at rest, the picture

became that of Christ calming the waters. He stood with His Hands outstretched. Sometimes there were words there, like. "Let not your heart be troubled," "Yea, though I walk through the valley of the shadow," etc.

5. It was noted that after a therapeutic talk, when she felt "hopeful and sometime exalted, there would be in C2 coming and going, pictures of meadows with lambs frisking about, children dancing around the May-Pole, flowers and music, beautiful landscapes with the sun bright and shining; everything gay and light. When," the testimony ran, "there is music in C2 or sound, it is a perception, not a visual picture."

The subject volunteered the suggestion that it seemed to her "that in this C2 part of her mind could be found the explanation of many seemingly strange things. Certain perceptions may be registered in C2 of which the personality is unconscious and those perceptions may work themselves out in various ways. This may account, sometimes, for the moods of depression or gaiety for which we know no reason." This interpretation is borne out by a number of these phenomena which occurred following conditions of which the subject was ignorant even in that state of hypnosis in which the images were recalled. For instance, when on certain occasions in the course of conversation with the subject in another hypnotic state, of which the one in question had no knowledge, I had given her information on certain subjects, coconscious pictures illustrative thereof had later appeared. Neither the waking nor the informing hypnotic personality, of course, had memory of these conversations and therefore was "unconscious" of the source of the images. The subconscious knowledge manifested itself through coconscious visualizations. Thus, on one occasion there was a picture of a bride; a dead man lying in his coffin, and a woman dressed in black, like a widow. The bride and the widow were the same woman. This picture represented what I had told her while in a different state of hypnosis of a certain mutual acquaintance. The correlated conscious thoughts of the subject at the time concerned the woman of the picture.

6. One of the most elaborate and psychologically interesting of these allegorical and symbolic pictures is the following:

At one time she had a habit of putting her hand unconsciously to her left breast, particularly if a stranger was present or if a number of people were in the room. I had noticed her doing this several times. On investigation it transpired that when she made this gesture there developed, coconsciously, pictures of her initials embroidered in red, quite large, fanciful, corresponding to the description of the "scarlet letter" in Hawthorne's novel of that name. It will be remembered that the letter as there described is an embroidered capital letter.

The history of the development of this phenomenon is as follows:

I had made use of the subject, incognito, on one occasion, to demonstrate hypnotic phenomena before the medical students at the school. Later, on reading an article of mine on the "Unconscious", she came across a reference to her own case. She did not recognize at the time that this, in connection with the school demonstration, would disclose her identity, but nevertheless, at the moment, there occurred the coconscious thought of which she was not aware: "Now she is branded." *And right after that, within a few moments, the coconscious picture of her initials came.* It should be explained that for a long time she had been dominated by the idea that if it should be known that she exhibited subconscious phenomena a social stigma would be fastened upon her and would affect her socially. This formed a sort of complex which troubled her.

Now it so happened that a day or two *still later* she attended a lecture of mine at the hospital and she noticed that some women students looked at her and whispered among themselves. At the time she thought that it was because she had been exhibited at the medical school and was slightly annoyed. When she got home, for some reason or other, it flashed into her mind (emergence of the previous coconscious knowledge?) that I had described in the published article the vision which she reproduced for me at the school. The thought at once came to her, "Now they will

know me." She felt "terrible, torn," etc., and wrote me a letter in which she said, "I feel as if I bore three scarlet letters on my breast" (emergence from the coconscious). And when she wrote these words a coconscious picture of Arthur Dimmesdale developed, and it was after this that she made the gesture of putting her hand to her breast.

For a time the initials and the picture of Arthur Dimmesdale constantly kept coconsciously coming and going accompanied by the gesture. To take a specific instance: When I first noticed the gesture I had just asked her about her repressed thoughts, and then the gesture occurred. The question had brought to her mind the thought of her illness, and then, according to the hypnotic personality, the coconscious initials came. It was as if the subconscious "stigma" complex was awakened by thoughts of illness, etc. "After the letters came a picture of Arthur Dimmesdale, and then she put her hand to her breast. The picture of Arthur Dimmesdale resembled that of the description in the book, tall, slender, clerical dress, pale, *with his hands on his breast.*"

When examining this statement it will be noted that the coconscious initials first followed immediately after a coconscious thought—"Now she is branded"—without conscious awareness thereof. Second, that it was not until a day or two later that the coconscious knowledge flashed into her mind that her identity would be known and she felt that she bore three scarlet letters on her breast (branded), *coincidentally with the coconscious picture of Arthur Dimmesdale* (and the initials?). Third: The behavior of the whole was *as if* an associated subconscious "stigma" complex was awakened in which the initials and the picture of Arthur Dimmesdale were incorporated as elements. Fourth: It is also worth noting that this subconscious complex, apparently, induced the somatic phenomenon, the gesture, which was performed automatically (involuntarily) and almost, if not wholly, unconsciously.

6. Hallucinations

It has already been stated that occasionally one or

more of the visualizations emerged into consciousness. I want now to point out in more detail how such an emergence may result in an hallucination: That is to say how what is at one moment a coconscious "picture," not integrated with the content of consciousness, may suddenly emerge and the subject become aware of it not as a visual image belonging to the conscious stream of thought, but as an hallucination. In this we have one mechanism at least by which hallucinations may be produced. More concretely, this mechanism may be stated as follows.

There occurs a subconscious process dissociated from and independent of the stream of consciousness. One element in this process is a visual image. This image emerges and the subject becomes aware of it; but the image is still dissociated from and independent of the content of the stream of consciousness—that is it is an hallucination. Its behavior is as if it was an image pertaining to a second process which had not entered awareness and which was (more or less) independent of the conscious train of thought of the moment but coincident with it. I have observed several examples of this phenomenon. The following is an illustration:

On the anniversary of her wedding, during the day she had been trying to keep out of her mind the thought of what day it was—had tried to make herself think it was just like any other day. But at times the realization of the day would come to her. About 9:30 in the evening she let herself go—let her thoughts flood through her mind. She was sitting in her room, looking out of the window, thinking of the day and all that it meant, of the members of the family and others who were dead. Then her thoughts began to roam over a future life, wondering if people had any consciousness of this life and knew what was going on—whether they knew each other as here, had memories of this life. In other words she thought of them as spirits and not as they were in this life.

While she was thinking all this there developed coconscious pictures of her father and mother and of her relatives who are dead, of herself as a bride, as she was dressed, (although she was not thinking of herself as a bride at all) and there was a *picture of her dead husband. This was brighter than the others.*

Then suddenly she had a peculiar feeling. She felt a cold draft and turned suddenly and looked towards the hall of the

apartment where there was a light (there was none in the room), and there, midway in the room, was a vision of her husband. It was luminous, a brightness, in the centre of which was a figure which merged into the brightness. No sharp outline of form excepting the face and head which were *distinct* and *bright*. The whole was radiant.

Now the point to be noted is, just before the vision the coconscious pictures were there. Then, at the moment when the vision appeared, all these pictures vanished ***excepting the bright vision of her husband.*** This emerged as a conscious image, *i. e.* she become aware of it, but as an hallucination. This interpretation, based on the subject's retrospection of the events, is fortified by the fact that objectively, as seen in retrospection, the coconscious image and the hallucinatory image were "just the same" in details, were identically appearing pictures. To the subject, from one point of view, it seemed that she had suddenly become aware of something of which she had a moment before been unaware. The image (vision) of her husband had been there before but it had been coconscious.

7. Perseveration

Examples of *perseveration* of antecedent conscious experiences manifested in these coconscious pictures will be found running through many of these observations and need not be further elaborated.

* * *

In my second case a very large number of observations of the same phenomena were made. They were not, however, so systematically studied with a view to their correlation with other phenomena, but they occurred under the same conditions and exhibited the same characteristics. It would be largely a repetition to record them.

Dr. Waterman has given me the following account of a third case which he permitted me to observe also on one occasion.

Dr. G. A. Waterman's Case

A woman of thirty applied to me for treatment of her condition which she termed kleptomania. Her trouble consisted in the

habit of taking jewelry whenever she came across it on the counters in stores. She never had taken any of the jewelry home but would find herself with it gathered in her hands; at this juncture she always became frightened at the realization of what she was doing and would put it back on the counter and hurry from the store. A careful analysis of her mental state at such times revealed no evidence of any impulse to take the jewelry nor did she have any desire for it, being the wife of a man in affluent circumstances.

After trying during several visits to discover the mechanism that was giving rise to her troublesome condition, I resorted to hypnosis. A state of complete hypnosis was readily obtained, the patient becoming relaxed and anaesthetic. On being asked in this state what was the cause of her trouble she at once replied that it was a dream that she had had a year and a half previously of which she had never been conscious in her waking state. The memory of the dream, however, was still as vivid to her in hypnosis as it was the day after she dreamed it.

The patient dreamed that she was standing before a counter on which was displayed a pile of glittering jewels. A burglar stood before her and in a threatening manner commanded her to steal the jewels for him. She pleaded to be allowed to go, but he exclaimed, "if you do not steal them I will have your mother murdered." It seemed at the time that her mother was in an adjacent room, separated from her only by a partition, and she could hear her groaning. Overcome with anxiety for her mother she seized a handful of jewels, but on looking down at them she realized what she was doing and looked up weeping at the burglar to ask him to let her go. At this point she awoke sobbing. Her husband beside her, who had been awakened by her distress, asked why she was crying and she answered "I do not know, I must have had a bad dream." For she had no conscious memory of her dream. It was shortly after this that she found herself taking jewelry in the stores.

(It happens that two of the elements of this dream were associated with distressing circumstances of the patient's life:—First: the burglar as he appeared in the dream was the same one who had featured in a terrifying experience in the patient's early life; for at the age of twenty she had been held up by this man at the point of a revolver and at the time really had a narrow escape. Second:—About the time the patient had the dream her mother had been taken ill and was told that she had hardening of the arteries and could not live very long. This had caused the patient great anxiety. It is therefore natural that both of these factors in her dream were associated with strong emotions.)

While the patient was still hypnotized she was asked in what way this dream acted on her mind at the time she took jewelry in the stores. She said that whenever she saw jewelry on a counter

that this dream recurred to her. It did not come to her consciously but *the pictures of the dream were coconscious and were going on independently of the train of thought in her conscious mind.*

In order to illustrate the mechanism of her dream and its relation to her trouble I placed a key in a leather case and put the case on a couch across the room, and while the patient was still under hypnosis told her that when she awakened, at the moment I raised the shade next my desk, that she would walk across the room, pick up the case, open it and take out the key. A short time after this the patient was awakened and while she was arranging her hat at a mirror across the room I raised the shade. At once she walked slowly across the room conversing with me about certain social things that she had been doing the day before and, passing behind me, picked up the case on the couch. At this juncture I turned and saw her standing with the key in her hand and looking at it with a puzzled expression. The following conversation ensued:—

Q.—"What are you doing?"

A. "I do not know."

Q. "Why have you that key?"

A. "I don't know."

Q. "Don't you know that it is a key of my private box?"

A. "No."

Q. "Don't you think that some explanation is needed when you, behind my back, open a case and take the key to my private box?"

Patient flushing and looking embarrassed: "I don't know what to say, I am sure I am very sorry."

Q. "What was in your mind, what were you thinking of when you did it?"

A. "I really was only thinking of what I was talking to you about, about going to the theatre, etc."

"Surely," I said, "there must have been some cause. Perhaps it was not in your conscious mind, let us see if we cannot find it."

The patient was hypnotized again and asked what made her open the case and take out the key. She at once replied, "*Why, pictures of myself doing it;*" and, on being further questioned, described *the flow of coconscious pictures of herself performing the act. She said that at the time these pictures were acting in her mind she herself was correspondingly performing the act.*

After explaining the relationship of the subconscious with the act performed, and making her see the connection between the experiment in the office and her actions in real life the patient was awakened. She was, of course, amnesic to all that had taken place in hypnosis, but the same explanation was made to her in

the waking state with the result that she was no longer troubled by her so-called kleptomania.

* * *

What is the meaning of these phenomena? With what, if any, normal psychological events can they be identified? What part do they play in the mechanisms by means of which the mind functions? Are they solely abnormal phenomena, or have they normal prototypes, the conditions only (dissociation, repression, etc.) under which they function being abnormal? Have we in them something which throws light on the subconscious workings of the mind?

These are some of the questions which at once come to mind and invite answer.

Looking at them without regard to their relation to the content of consciousness and the conditions under which they occurred—*e. g.* whether within or without the field of awareness—it is obvious that they must in themselves be psychical events that are found in normal mental processes. For the abnormal is only the normal functioning under altered conditions. It is inconceivable, therefore, that they are new elements of consciousness in the sense of new creations unknown to psychological processes. In fact they are images and as such are normal elements of consciousness. Now images occur in the course of normal mentation only in three forms: as

(a) real sensational events, as in perceptions of the environment;

(b) sense elements (imagery) of thought;

(c) hallucinations. In this class dream imagery would be included.

We must see whether the images in question can be identified with, or are akin to any of these known types before postulating another species.

The first type (a)—perceptions of the environment—can be excluded at once.

As to their kinship to thought imagery (b): If we accept the theory (fairly well established) that there are normally, as well as abnormally, subconscious processes—processes of a psychical nature which do not enter awareness, and if

we assume that these processes are akin to, if not technically identical with thought, then we should expect that they would include images of the same pattern and behavior as those of conscious thought. They would include visual and auditory images, the so-called secondary sensational elements (perceptions) which are found amongst the components of the complex called an "idea;" and they would either be more or less persistent and unchanging, or would follow one another in pictorial (cinematographic) sequence correspondingly with the fixity or flux of thought.

Under this hypothesis the coconscious images recalled in retrospection would be only these particular sensational components of subconscious "ideas." As images they would not differ from those of ordinary thought imagery except that they are coconscious and do not therefore emerge into awareness. Why the rest of the subconscious "idea," or process, is not revived as memory, but only the sensational elements, is another question and one which probably can not be answered satisfactorily. The fact would imply that the rest of the "idea," or thought process, is more intensely dissociated from awareness than the sense images. But why it should be so, one cannot say. But after all, what is a thought process, an "idea", any way, and what are its other components? Verbal images (visual, auditory and kinesthetic) may be components, but not necessarily, as in deaf mutes. Perhaps images of objects are the most dynamic elements and that is why they alone have sufficient intensity and vividness to be recalled in memory. The same problem attaches to the imagery of dreams.

Hypothetically it is conceivable that the rest of the subconscious process is purely neural and that the activity of the sense neurons alone has correlated psychical elements (images). Hence memory can only recall the latter.

As to their kinship with hallucinations and particularly dream imagery (c): Their resemblance in behaviour and vividness to dream imagery is quite striking and suggests that we are dealing with the same mechanisms. Indeed the recurrence as coconscious images of the dream imagery, followed by their secondarily resulting somatic and psychological phenomena (*e. g.* flashes of light and blindness in one

example), in the waking state would seem to indicate this identity of the mechanisms. That in dreams the imagery is only the conscious emergence of a larger subconscious mechanism there is strong evidence to believe. The same is true of the imagery of "crystal visions," *i. e.* artificial hallucinations, and hypnogogic hallucinations. In these phenomena and dreams the imagery takes on a cinematographic character as is often the case in the images under consideration. As indicative of a subconscious process may be mentioned the fact that in the production of artificial hallucinations the subject, as he sees, let us say, himself in the vision, knows what the vision-self is thinking about and feels the emotion manifested in the expression of the vision-face and exhibits the same expression in his own face. This subconscious process in such hallucinations and dreams must be at least akin to "thought" if not technically thought. If such be the case then hallucinatory imagery and dream imagery may be explained as the conscious emergence of the secondary images pertaining to such "thought."

By this process of reasoning we arrive at the conclusion that the mechanism of the imagery in types b (thought) and c (hallucinations) is (may be) pragmatically the same, and that the coconscious images in question are identical with normal images, but belong to subconscious processes of "thought."

How far the subconscious process pertains only to abnormal conditions and how far to normal conditions is another problem. It is sufficient here to say that a mass of evidence at our disposal indicates that subconscious processes are normal as well as abnormal phenomena.

As to the relations between the coconscious images plus their subconscious processes and other coconscious thoughts —thoughts which may be described, if one prefers, as outside the field of awareness, or focus of attention, or in the background of the mind—and the conscious field I would offer the following considerations.

In the first place, the images are always (?) expressions of antecedent thoughts, often after secondary elaboration, sometimes in symbolic fashion as in dreams. This shows

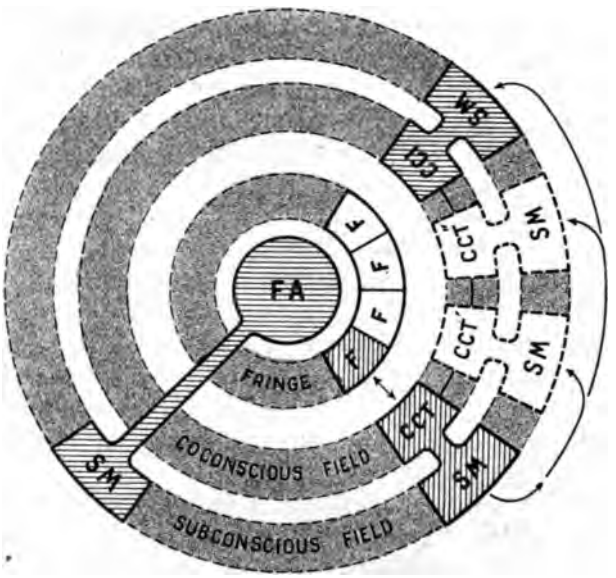
that such antecedent thoughts, although out of mind, whether because of repression or not, do not necessarily remain passive, but may undergo subconscious incubation and function actively but outside the field of awareness.

In the second place, when other coconscious thoughts were recovered in memory by retrospection of the subject the images in question did not *immediately* pertain to these thoughts though they might mediately so do. For example, take the coconscious thought "Now she is branded" (Obs. 6; symbolisms). The images were initial letters and the picture of Arthur Dimmesdale. The "thought," and images did not seem to be a unity but the images pertained to associated ideas. In other instances there was no apparent association though it may have been through roots not revealed to the memory of the moment. So always when contemporaneous (or sequential) subconscious thoughts and images were recalled by the subject they seemed to her separate phenomena, not a unity as in conscious thought and perceptions. They were always described as separate phenomena, as different parts of the mind for which different terms were used. The interpretation I would suggest is this:

Our conscious experiences are integrated into systems of associated thoughts. Any given experience may be linked up with many systems each one being a different setting and giving a different meaning or significance to the idea. For instance, a shell for a '75 cannon may be integrated with a problem in ballistics, or cannons, or with bloody warfare in the trenches. Again, within each system there are subsystems. Nearly every idea, then, has many ramifications and roots in systematized antecedent experiences. Any thought in the focus of attention, or one in the fringe of consciousness of the moment may, through such integration, excite into activity a system outside the field of awareness and thus awaken coconscious thought. This system again through roots may indirectly excite another logically distant system—*i. e.* associated subconsciously, say, through a single element, such as a verbal symbo ("shell"). From this system, functioning "subconsciously" (S. M.), images (CCI) may arise outside the field of aware-

ness (coconscious). These images CCI when recalled through retrospection will thus appear to be unsystematized with the contemporaneous coconscious thought (CCT) also recalled in the same way.

This mechanism may be diagrammatically represented as follows:



The field of consciousness and of the subconscious is represented by circles.

F A Focus of attention.

F Fringe of awareness.

C C T Coconscious thought outside fringe of awareness (E. g. "Now she is branded") integrated indirectly with C C I.

C C T′, C C T″ Quiescent systems of antecedent experiences integrated more or less directly with C C T and capable of being excited to activity and becoming coconscious thought, or the fringe, or attention.

S. M. Subconscious mechanisms pertaining to F A, C C T, C C T′, CC T″ and C C I.

C C I Coconscious images emerging when their S M is subconsciously stimulated by an associative process.

* * *

Affects: The emergence into consciousness of the affect integrated with a subconsciously functioning system is of considerable importance for psychiatry and psychopathology. I have discussed this phenomenon at length in other writings.[4] Exaltation and depression, and other emotions and feelings, can often be traced to the activity of subconscious processes giving rise to moods inexplicable on the basis of the conscious thoughts. In the observations here recorded affective states of the subject often could be correlated with the coconscious images. It is obvious that in melancholia we shall often have to seek for the source of the depressive feelings in subconscious processes (the residua of antecedent experiences) rather than in the content of consciousness.

Hallucinations: The phenomenon of a coconscious image emerging as an hallucination gives an insight into at least one mechanism of this clinical symptom. Whether the interpretation I have given of the relation of the image to the process is the correct one or not, we have, at any rate, evidence that an hallucination may have its origin and mechanism in a subconscious process and that this process is the perseveration, with or without secondary elaboration, of antecedent experiences.

In addition to what I have said above I think we are justified in drawing the following conclusions:

1. Coconscious images are elements of more elaborate subconscious processes.
2. They may be explained as secondary images pertaining to such subconscious processes.
3. They may emerge into consciousness and thereby become hallucinations.
4. The subconscious processes of which they are elements are perseverations and sometimes, after undergoing incubation, elaborations of antecedent experiences.
5. The subconscious processes may construct symbolisms: and further

[4] "The Dissociation of a Personality," "The Unconscious," and various articles.

6. They may determine or motivate the conscious streams of thought:

7. They are sometimes derived from repressed thoughts.

8. They often provide the conscious affect.

9. They may induce dreams on the one hand and, on the other, may be derived from dreams.

10. They may induce somatic phenomena.

A FURTHER APPLICATION OF THE PSYCHO-ANALYTIC METHOD*

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THE chief concern of the following paper is the topic of psychophysical correlations and the aid which psycho-analysis may give in making such correlations. The term "psychophysical" is used in its broad sense here and not in the sense generally understood and expressed in words when we say that "every mental process is accompanied by a brain process." For we must do one of two things in the near future: either we must limit the number of so-called mental processes or we must concede that certain mental processes can take place without a corresponding process in the brain. For example, certain of the instincts which are commonly supposed to stand as evidence of intelligence are associated with definite changes in the glands of internal secretion[1] and recently a case has been cited clinically with symptoms and anatomical findings similar to those in the hibernating animal.[2] Here might also be included recent work on the emotions and the internal secretions as well as the so-called vagotonic constitution.

There are several ways in which this pruning of the broad concept of the mental may be carried out, and there are many advances being made today in showing that the mental, as now conceived, is associated very often with something more than a brain process, or is carried on without any demonstrable brain process, if a brain process cannot be totally excluded. To adequately comprehend the position of the psychology of the present day and to grasp the trend

*Read at the meeting of the American Psychopathological Association held on May 24, 1917, Boston, Mass.

of modern thought, one must have paid some attention to the philosophies of Schopenhauer, Spencer, Kant, James, Nietzsche, Bergson, and to the psychologies of Wundt, Kraepelin, and Münsterberg, in addition to the psychology which has grown up about the psycho-analytic method. Through the whole of philosophy there have run two great undercurrents, which have finally come to forceful expression in the recognition by James[3] of two types of men, the "tender-minded" and the "tough-minded." And through the whole of psychology there have been two dominant tendencies, the tendency to interpret and the tendency to stick to facts; but in psychology, as in everything else human, the attempt to interpret must by its very nature lead away from facts. Here is the chief cause and the root of the major part of the difficulties in present-day psychology. An ultimate resolution of this conflict will come of itself with the recognition that the human mind "is characterized by causæ and fines"[4] and this attitude has at last been definitely taken by at least one eminent psychologist[5] when he wrote his system under the "causal" and the "purposive" headings.

This paper is not interested in taking issue with the purposive view-point or with the synthetic and prospective side of analytical psychology[6] or with the purely psychological view-point even.[7] They have a right to their existence, if they satisfy a need. I am not interested, therefore, in the question of how far psycholo-analysis is successful in "doing for the personality what surgery has done for the body." The truth or falsity of the significance attached to the two ways of thinking, of that attached to the libido, of the interpretation of symbols, of the existence or non-existence of the unconscious may all pass by. What has arisen from all this is a method which claims to be analytic and causal as well as synthetic and prospective and it is with these former aspects that I am concerned here. It is these aspects which have been most neglected in their applications. Whether we agree that the association method as developed by Jung[8] can give us reactions which depend on proportionate emotional states, or whether we agree with Bleuler's ideas on ambivalency and ambitendency and on autistic thinking, or with the ideas on the various kinds of eroticism as commonly

expressed, matters little for the purpose of this paper. It is enough, if the method has reduced certain mental processes to elements whether they are sexual in nature or whether they are reductions to archaic thought with a history extending through mythology, poetry, and religion. It is these reductions which we may use and the criticism of the reductions and of the methods used in obtaining them may be left to other authorities and to other branches of thought.

While much of the work in analytical psychology has been devoted to the development of a therapeutic measure and hence has been obliged to concern itself with the purposive side of the mental life, yet the inevitable question has appeared from time to time as to whether the mental difficulty was primary, or secondary to some somatic difficulty and the replies to this latter assumption have grouped themselves along two definite lines. One set of answers is concerned with the constitution, the heredity, and the other is concerned with the question of brain injury. I imagine that this latter will have to be extended to include injury to other body organs also. In fact, somatic reasons for certain somatopsychic delusions have already been pointed out.[9]

It will be apparent from these few sketchy lines, I think, that for the purpose of making psychophysical correlations, the concept of the mental must first undergo a limitation or pruning which shall include that whole field which is concerned with the purposive side and the therapeutic side. Such conception of the mental, by its very manner of selection, does not purport to be a view of the totality of the mental life. It only proposes a definite manner of thinking in the service of a special scientific investigation. Such a manner of thinking I have already tried to outline[10] in the matter of the mental symptoms, as shown by the patient. There it was pointed out that the psychiatric examination is a much broader thing than the purely psychopathological examination and that, for the purpose of correlating symptoms with bodily changes, certain signs of psychiatric value were of little worth. The simpler words are the more objective in describing the condition of the patient and hence are the ones more likely to furnish reliable correlations. At that time it seemed that the behavior of the patient, as described by

those simple words of the first order of observation, that is, words without interpretative elements, was the thing which might yield the proper correlations. But with the development of the psycho-analytic method has come a new instrument for the analysis of the more complicated productions of the patient, the productions which were previously too baffling. Thus our field for correlations may prove in time to be greatly extended.

Now, if we are to exclude a certain part of the mental life for the purposes of our correlations, it is no less necessary that we assume, hand in hand with this, a certain organ inferiority on which we may base our causal connections. Whether this assumed inferiority is primary or secondary to the mental condition is not in dispute here. An historical review of the question shows definite tendencies of two types even from the beginning and these types have most recently been formulated. Even in the early writings of Freud we see the question of an hysterical predisposition[11] mentioned. Jung,[12] in his recent book on Analytical Psychology, mentions the same questions but lays more emphasis on the existence of psychological types, even going to the extent of saying that the question of types is the question of our psychology. Dr. Adler,[13] of Vienna, has expressed some very novel ideas on some more or less novel observations in his work on Organ Inferiority and Its Psychical Compensation. That part of his work which deals with enuresis seems to take the trouble back to related family peculiarities. But the chief value in his work is to me the theory of "ideological superstructures" because its correlate seems to be that we can get a hint of the organ at fault by a psycho-analytic examination of these superstructures.

The second tendency in this field has been the correlation of certain more or less definite groups of symptoms with very definite alterations in various parts of the economy. This work must be conceded chiefly to Dr. Southard and his co-workers. An exhaustive account of their work and of its results would be impossible here and would serve no useful purpose in this paper. Suffice it to say that certain non-neural processes have been pointed out as possible basis for certain mental phenomena and that, on the other hand, there

is a large quota of mental symptoms which have very definite brain correlates, either in the shape of agenesia and hypoplasia or in the shape of acquired defects.

But in all the work of correlation so far attempted, one method of approach has been almost entirely neglected. I mean the method of experimental introspective psychology. To be sure, we see that the correlations of Southard's work are concerned in one instance with the great sensory field of the brain[14] and even in Jung's work we may find such isolated statements as that "the origin of the conception of power (Galileo) is to be sought in the subjective perception of the muscular power of the individual."[15] But no general use is made of the great facts which may be determined by introspection and of the general reduction to elements which may be accomplished by the use of the "action theory" as developed by Prof. Münsterberg,[16] who was, perhaps, the chief exponent of the introspective method during the past few decades.

Let us take the complex phenomena grouped under the term "dementia præcox." Leaving aside the physical signs and symptoms and dealing only with the mental, we have numerous explanations before us for some of the phenomena. These have been reviewed by Jung[17] and may be reduced to theories concerned with the attention, with consciousness, with associations, with affect, with apperception, and with activity. But all these may be reduced in the light of the action theory to elements which are simpler, either sensations from the special sense organs, or from the bones, muscles, joints and other sensory surfaces. This reduction to the simplest elements is the hope of experimental introspective psychology and this reduction is essential to the obtaining of psychophysical correlations. But in the insane patient, the reduction can only be made by a long system of analogies and these must often be based on the behavior alone. It is in these productions of the patients which are irreducible by any other method that the reduction to elements may be brought about by the use of the psycho-analytic method; this granting that the method gives true results in its reductions. The methods which are peculiar to psycho-analysis and by the use of which we may be

aided in otherwise obscure correlations, I take to be the dream analysis, the free association with metonymy and elision, the analysis of jokes; and the assumptions I take to be the theory of emotionally conditioned complexes, the ego-complex, the unconscious, the phantasy, the "fixation," the resistances, the symbolism, the introversion, the projection, the transference and regressive transference, and the theory of the libido. With these tools we may expect to arrive at certain correlations which are impossible to make with the direct method of symptom to organ or with the facts and elements of introspective psychology plus the action theory. We may get an idea as to the inferior organ by using the tools which are peculiar to psycho-analysis where other methods fail.

It is needless to say that the ideas here expressed are still in their infancy and that the effort to carry them out at once would be fruitless because we have too few of the necessary tools for the examination of the brain and of the other body organs. For, after we have reduced our mental symptoms to the visual, taste, touch, smell, auditory and kinesthetic components, and after we have further reduced the kinesthetic components to sexual and other glandular elements or to muscle, joint, and other serous sensory surface elements, then the examination of the physical side must include not only the structure of each mechanistic unit from the external organ through the centripetal nerves and their central connections out to all their possible connections through centrifugal influences but it must also include all the possibilities on the chemical and physical sides. We have at hand now but a single instrument, the examination of the microscopic section. This single tool has yielded a large store of information about individual sections and where large numbers of sections from an organ have been studied, it has given us a fair idea of the total organ but it is inadequate for the study of such a complex organ as the brain. We need to be able to cut larger areas at once and we should be able to see larger areas in the same microscopic field.

Turning to specific cases, we find that the use of the Freudian mechanisms, or more broadly, of the psycho-analytic mechanisms, is unnecessary. A case in point is that cited

by Dr. Southard[18] and described as having "combined scenic hallucinations of a visual nature." While a specific correlation between these hallucinations and changes in the visuo-sensory and the visuo-psychic cortices was not claimed, yet it might well be stated that the tissues from the occipital areas were examined with especial interest. Similarly, the writer[19] can cite a case of paresis with catatonic symptoms in which the patient was at first very loquacious and had exaggerated ideas of his ability to sing. It is the writer's contention that these two symptoms which were concerned with the vocal apparatus, were conditioned by changes in the vocal apparatus or in its central connections or in other parts of the economy which are able to affect the vocal apparatus. In fact, the chief alterations in this case, which was studied through an exceptionally large number of sections, were found in the white matter of the post-Rolandic areas, the areas of general sensibility. I am not prepared to say that the alterations in the areas of general sensibility were such as to give the patient a subjective feeling of vocalizing ability which then appeared in loquaciousness and profuse singing, but I feel that the idea warrants farther development.

Turning next to certain cases which show the mechanisms claimed by psycho-analysis, I have selected two as suitable to point out the way in which the psycho-analytic method may guide the anatomic research. The first is a case of Dr. MacCurdy[20] which showed a manic-like state illustrating Freudian mechanisms and by means of these mechanisms many of the productions of the patient, which would remain unintelligible in any other light, and have to be neglected in the ordinary psychiatric examination, were made intelligible and reduced to elements. If such a patient were to come to autopsy, it is the claim of this paper that the proper direction for study in his case would be the apparatus concerned with the elements to which his mental productions were reduced. It is felt that we might logically expect more from such a procedure than is now gained by a diffuse, superficial study of many parts of the body, which is the procedure now followed for want of a better one. And not only at the autopsy should this method give us aid but in our clinical examinations the analysis should direct special attention to the

subserving apparatus, rather than to the diffuse, superficial physical examination which is now the order.

The second case is one by Dr. Abbot[21] which illustrates the mechanism of paranoia and reduces it to the mechanism of prejudice. This mechanism of prejudice is concerned with strongly toned affects, in the case mentioned concerned with the amour-propre and certain external factors. In any give case of prejudice, it was pointed out, there may be a "multiplex mass of causes." These causes, it appears to me, may be reduced by analogy and by the use of the psycho-analytic mechanisms to further elements which would then be correlatable with bodily defects.

In closing, I must express my regret at not having been able to carry out the ideas here expressed into the pathological examination of patients whose psychosis illustrated psycho-analytic mechanisms. The result is that these ideas can have only theoretical interest at this time. But I felt that they had sufficient logical value to warrant their presentation at this meeting.

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[5]Münsterberg, Hugo. Psychology General and Applied. Appleton, New York, 1914.

[6]Jung, C. G. Loc. cit.

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[8]Jung, C. G. Uber die Psychologie der Dementia Praecox, 1907. Jung, C. G. The psychology of the Unconscious, 1916.

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[12]Jung, C. G. Loc. cit.

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[15]Jung, C. G. Psychology of the Unconscious.

[16]Münsterberg, Hugo. Loc. cit. and in various writings.

[17]Jung, C. G. Psychology of Dementia Praecox. Loc. cit.

[18]Southard, E. E. On the Direction of Research as to the Analysis of Cortical

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[19]Gosline, H. I. Paresis or Dementia Praecox? Read at Conference on Neurosyphilis at the Grafton State Hospital, Worcester, Mass., Nov. 1916.

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THE TREATMENT OF DEMENTIA PRAECOX BY PSYCHOANALYSIS[1]

A Preliminary Report.

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In spite of the fact that dementia praecox is so widespread a disease and leads to such severe grades of mental disintegration, very little has been attempted in the way of treatment except hospital residence or along symptomatic lines. A radical therapy of the disorder, that is, an attack on the fundamental characteristics of the disease, has been possible only with the development of psycho-analysis. The following preliminary report is based upon the psychoanalytic treatment of five cases of dementia praecox, a more complete discussion being reserved for a future publication. To most psychiatrists in fact, the diagnosis of dementia praecox has been synonymous with hopelessness, the same attitude as was taken towards another severe brain disease, paresis, before the treatment with salvarsanized serum, either along the intradural or intraventricular routes was instituted. Various attempts at the cure of dementia praecox have been made along the lines of immunology or even of extirpation of the ductless glands (thyroid) but none of these have yielded any definite results. In fact Kraepelin and even Bleuler devote but little space to the treatment of the disease although the latter emphasizes that the therapy must be directed along purely psychogenetic lines. If, however, we agree with Adolf Meyer, that many cases of dementia praecox tend to develop on the basis of an abnormal personality, much can be done to prevent the disease in children by strongly combatting any shut-in tendencies they may manifest.

[1]Read before the Eighth Annual Meeting of the American Psychopathological Association at Boston, Mass., May 24, 1917.

The only hope of combatting the disease must be based upon the conception of interpreting it purely as a psychogenetic disorder as Bleuler has done[2] a sort of a withdrawal from reality (autism) in a mind dominated by repressed and unconscious ideas and emotions, in much the same way as we interpret hysteria, but in a more intense and less accessible form. In fact, the interpretation of schizophrenic negativism and stupor on a psychogenetic basis, as a form of withdrawal from reality, rather than as a disorder of the central convolutions or of cerebral torpor, is in harmony with the recent advances in the etiology of dementia praecox.

Dementia præcox thus not only resembles a psychoneurosis, but at the same time it may have symptoms resembling, although only superficially, an organic disease, such as the muscular negativism, the myxœdematous thickening of the skin, epileptiform episodes, vasomotor disorders, etc. The withdrawal from reality best explains the stupors and the emotional deterioration. Dementia præcox is a reaction to a mental conflict, resulting in a withdrawal from reality and a profound dissociation of the consciousness. Many of the conflicts are deep seated, others superficial and it is upon these characteristics that their amenability to psycho-analysis depends.

However, the recent investigations on the nature of dementia præcox show that a great deal may be expected from treatment based on psychological principles, in the sense of readjustment and re-education, an analysis of the symptoms and finally a thorough psycho-analysis of the entire content of the psychosis. Psycho-analysis may cure the mild or early cases of dementia præcox, while in the more severe types, the analysis may relieve the symptoms to a certain extent or may provide useful hints to intelligently readjust and regulate the life interests of the patient. I feel that every case of dementia præcox especially the mild cases or in the early stages, should be given the benefit of a psychoanalysis.

A study of the spontaneous process of recovery in dementia præcox furnishes information as to the nature of the conflict

[2]Bleuler E. Dementia Praecox oder Gruppe der Schizophrenien, 1911.

and the manner of readjustment and thus points the way for an intelligent and well-directed psycho-analysis. Bertschinger[3] in a most admirable and illuminating manner, has pointed out the various ways of getting well in dementia præcox. According to him, there are three types of spontaneous readjustment, *i, e.*, correction of the delusions, resymbolization and evasion of the complex. These are spontaneous mechanisms. In addition, as a result of treatment of dementia præcox with psycho-analysis, I would add a fourth mechanism of recovery, as showing the effect of psycho-analysis on the fundamental basis of the disease. This fourth manner of readjustment, which is brought about by psycho-analysis and which is the most important of all, may be termed, the return to reality. When we consider, according to Zablocka's statistics,[4] that out of 515 cases of dementia præcox 60% preceded to light, 18% to medium and 22% to severe deterioration, it seems worth while to attempt treatment at the psychological level, even if this treatment merely ameliorates and does not cure the condition.

The best method of psychological treatment I consider to be psycho-analysis. I have utilized this form of treatment in 5 cases of dementia præcox of varying intensity and duration and it is the purpose of this paper to briefly report these cases and the results attained. Psycho-analysis reveals the nature of the conflicts in dementia præcox and the causes for the withdrawal from reality. It does not pretend to have discovered the inner nature of the disease process or the causes for individual symptoms, although the psycho-analytic viewpoint has thrown considerable light upon the nature of schizophrenic negativism. As it is impossible to report these psycho-analyses in detail, only a brief outline of each case with certain of the essential features, will be given.

Briefly, the results in the five cases which were subjected to psycho-analysis, may be summarized as follows:

In the first case, a young man of 26, the schizophrenic

[3]Bertschinger, H. Heilungsvorgänge bei Schizophrenen, Allg. Zeit. f. Psychiatrie Bd. LXVIII, H. 2, 1911.

[4]Zabloka Zur Prognosestellong bei der Dementia Praecox, Allg. Zeit f. Psychiatrie, Bd. LXV.

introversion began at about puberty, when the most manifest symptoms were the development of a homosexual trend and complete loss of all initiative and ambition. After several months of psycho-analysis the condition improved to a certain extent, although the homosexual trend and the shut-in personality persisted to a certain degree.

The second case, a young woman of 29, began to show, three years before coming under treatment, a typical schizophrenic negativism with outbursts of causeless laughter and feelings of passivity and telepathic influence. She recovered after two months' psycho-analytic treatment and had remained well three years later. An interesting feature in this case, was the fact that it was possible through psycho-analysis to trace the origin of her ideas of telepathic influence. Because certain sexual wish fantasies were incompatible with her personality and their origin not understood, since they sprung from childhood ideas which had been repressed into the unconscious, an explanation of telepathic influence was invented by the patient as sort of a defense reaction to explain the origin of her unconscious and, therefore, unknown thoughts. Through a sort of a transference, she projected these thoughts to certain persons of the opposite sex. Her negativistic reactions also, arose from an effort to repel her sexual thoughts, for instance, she would constantly avoid and shun the appearance of men by bowing her head and closing her eyes. She found it easier to shut the eyes than to keep them open, in fact, after she was well, she admitted that it was an effort to keep the eyes open. The negativism is interesting since it harmonizes with Bleuler's view of the mental mechanism of negativistic phenomena. He states for instance:[5] "That the negativistic repelling very often means the outspoken stamp of the erotic must be due to a root of the negativism being in the sexuality. The sexuality has normally a strong negativistic component, it shows itself clearest in the opposition of the female against the sexual approach. We know that there is no case of schizophrenia in whose complexes sexuality does not play a prominent role and very often the repelling is found in sexual delusions."

[5] Bleuler, E. The Theory of Schizophenic Negativism, 1912.

The third case was a young woman of 18, who for several years had shown decreased emotionalism and more and more of a shut-in tendency. Although externally she was antisocial and negativistic, yet her inner fantasies were quite elaborate, particularly along the line of erotic wishes to attract men, which took the form of what may be termed a Lorelei complex. This complex was particularly manifested in certain curious dreams as a form of erotic symbolism in which she appeared with red hair for the purpose of attracting the opposite sex, since she always interpreted the "goldenes Haar" of Heine's poem, as meaning "golden red." After three months of psycho-analytic treatment the shut-in tendencies completely disappeared and the social reactions became normal.

The fourth case, a young woman of 33, who for 16 years had shown increasing irritability and introversion. Improved after two months of psycho-analytic treatment.

In the fifth case, a young man of 17, for years had been queer, odd and peculiar, had shown a marked mother attachment and many infantile reactions in his behavior. The dreams were all at the infantile level, that is, simple literal and non-elaborated wish fulfillments, such as might occur in a child of five. This patient is still under treatment, but has shown some improvement in his reactions, while the dream have become more elaborated and somewhat symbolized, in fact, they are slowly rising to the adolescent level. A complete recovery in this case is impossible, however, even though the changes in the dreams show an improvement in the unconscious, since here we are dealing with a fundamental defect in the mental makeup.

In all these cases, the schizophrenic dissociation was quite marked. The beneficial results of treatment lead me to believe as stated before, that certain well-selected cases of dementia præcox should be given the benefit of a psycho analysis. According to my experience, the first sign of improvement in dementia præcox under the psycho-analytic treatment is a change in the nature of the dreams, they slowly become less primitive and infantile. Then follows a change in the social reaction of the patient, that is, a diminution of the autistic and negativistic tendencies.

HOW FAR CAN IDEAS DIRECTLY INFLUENCE OR AFFECT PERIPHERAL PROCESSES?

BY MEYER SOLOMON, M. D., *Chicago.*

THE question which I have asked myself in the title of this paper is one which has come to my lips very often in the course of my work in psychopathology and, especially, when reading the literature with reports of cases, especially where interpretation of the origin and nature of the symptoms present has been attempted by the author.

Frequently, in speaking of conditions psychogenetically produced, we do not differentiate between those of ideogenetic origination and those of emotogenetic source. In other words, we are too apt to overlook the essential difference between the more purely isolated ideational process which is not charged with the impulsive force and explosiveness that we find in true emotions with their bodily reactions It is, of course, to these bodily changes that William James referred[1] when he gave his theory of the emotions which he believed applied to the coarser emotions at least, in these words: "My theory, on the contrary, is that *the bodily changes follow directly the perception of the exciting fact, and that our feeling of the same changes* IS *the emotion.*" (Italics James')

The possible direct bodily effects of ideas should be found to be expressed by those who have studied dreams, hypnotism, the disordered states of mind, and the possible effects of suggestion and simulation.

So far as I can learn, no one believes that the mere flow of ideas as it occurs in some dreams, without the stirring up of the emotions, can produce any of the types of peripheral changes which I shall discuss under the subject of the supposed effects of hypnotism.

The effects of simulation, it will be granted at once, can

be no different from those of ordinary suggestion in the waking state in the average person. And the possible effects of suggestion in the waking state of most of us, cannot possibly be any greater than its effects as found in hypnosis.

Likewise, what we have to say about the possible effects of hypnosis, has direct application to the question of the role of ideas in disordered mental states in the production of peripheral processes.

To plunge at once, then, into the depths of the problem, let us see what confronts us when we stand face to face with the problem of hypnotism and its possible bodily or peripheral effects.

THE POSSIBLE PERIPHERAL CHANGES PRODUCIBLE BY HYPNOTISM.

One of the best recent works, for the purposes of my discussion, which I find of value, is that entitled "Treatment by Hypnotism and Suggestion or Psychotherapeutics" by C. Lloyd Tuckey, 1907.

Tuckey has compiled the possible effects which have been reported by competent persons.

On page 74 of this work he informs us that a patient in hypnotic sleep as a result of suggestion not only feels heat and pain in the place which is touched by the operator and in which he is told he has been burnt, but, further than this, the "spot becomes red and inflamed, exhibiting all the objective signs of congestion, and even of inflammation, vesication, etc. The suggestion of the operator has, through the patient's imagination, been able to effect the vasomotor functions of the sympathetic nervous system." He rightly adds that if suggestion can produce such local conditions, "it can also dissipate and cure these conditions when they occur in disease."

He recites the experiments of Delboeuf who, "desiring to ascertain the positive effect of hypnotic suggestion in the treatment of a burn, and being, of course, unable to find two persons of identical constitution and condition generally, used the ingenious device of producing, with caustic, two exactly similar burns on the same person—one on each arm—

and of treating one wound by curative suggestion, combined with the usual remedies, and the other with the usual remedies only. Having induced hypnotic sleep, he suggested to the patient that the one arm should be cured painlessly and without any suppuration; and it did in fact heal, by simple separation of the slough and healthy granulation ten days earlier than the other which went through the suppurative process, accompanied by inflammation and pain. Were this case not reported by a well-known savant, I confess I should feel some hesitation in recording it here; as it is, its accuracy is beyond doubt." But, to be sure, I may add, no evidence is here offered that the suggestion had anything to do with the healing in the manner described.

On page 20 Tuckey tells us of the cure of warts by suggestion: "Many physicians testified (at a meeting of the Société d'Hypnologie et de Psychologie in June, 1902) to having seen charms succeed in some cases and fail in others, and Dr. Farez showed a series of photographs taken of a girl's hand he had cured by hypnotic suggestion after charms had failed. Dr. Berrillon stated that to test the discriminating powers of suggestion he had in a very bad case treated only one hand, and that this was speedily cleared of warts, while the other remained disfigured until he applied hypnotic suggestion to that also." And in a footnote on the same page he adds: "A prominent member of the Society for Psychical Research, Miss Mason, has reported several cases of cures she has affected by simple suggestion, and she tells me she generally succeeds, especially with children. She just touches each wart with her finger and says 'Go away,' and by her next visit she finds they have shrivelled up and disappeared. Miss Mason holds an important Government inspectorship, so her dignified position no doubt impresses the small patient. It is stated that the more vascular a wart is, as shown by its readiness to bleed, the more likely is it to respond the suggestion."

On page 75 Tuckey quotes Beaunis as having reported a case in which, by suggestion, he regulated the pulse of a patient. "He also succeeded in slightly raising the temperature of patients by suggesting an increase of warmth." In this case, apparently, even if the conclusions could have

been scientifically proven to be true, the possible intervention of the emotions as the result of ideational influences does not seem to have been sufficiently considered.

Tuckey is quick to admit, however, farther along on the same page, that "the subjects on whom vesication can be produced by suggestion are, I imagine, very few and in them probably only after prolonged experimentation."

I may complete the list of peripheral changes producible by suggestion as given by Tuckey by giving a few more quotations:

"Beaunis describes at some length the production of all the effects of a blister following the suggestion that one had been applied" and he gives the experiments performed.

"Dr. Wetterstrand has kindly sent me photograph of a woman's hand, on which he raised blisters by simply touching places with the tip of his finger and suggesting it was a hot iron. The converse experiment has also proved successful. A blister is applied to a hypnotized subject who is told that it is a soothing liniment, and no vesication is produced (Alfred Fouillee, Rev. des Deux Mondes, May, 1891)."

"Professor Bourru and Burot, of Rochefort, succeeded in causing hemorrhage from the nose, by suggesting that it should take place, in a young soldier of epileptic and hysterical constitution; they even fixed the hour when it should come. On this same subject, Dr. Mabille, of the lunatic asylum at Lafond, produced instantaneously, by suggestion, hemorrhage from different parts of the body, exactly similar in character to the stigmata of some medieval saints." Although one does not like to question these findings, still, it does remind one very much of some of the declarations made by the late Mrs. Eddy and her followers on the power of the mind over the body.

Tuckey cites Krafft-Ebing who, in his monograph on the case of Ilma Szander, a young Hungarian girl of extremely hysteric type, reports that he was able by simple suggestion to produce blisters and hemorrhages and to effect marked alterations in temperature and in the character of the pulse and respiration"—even in lowering of the temperature at a fixed hour.

He refers to Binet and Féré's Animal Magnetism, 1887,

who tell how "Bourru and Burot wrote a name with the blunt end of a probe on both arms of a hysterical patient, suggesting to him 'This afternoon, at four o'clock, you will go to sleep, and blood will then exude from your arms in the lines which have been traced.' The patient fell asleep at the appointed hour, and the letters appeared on his left arm, marked in relief, and of a bright red color, with here and there minute drops of blood. But no such sign appeared on the right arm which was paralyzed."

Once more, taking his information from Binet and Féré, he tells us that "Charcot . . . and his pupils at the Salpêtèrire have often, by means of suggestion, produced the effects of burns upon the skin of hypnotized patients. Féré adds that he has demonstrated that any part of the body of a hysterical patient may be made to change in volume by simple directed attention, thus showing what influence may be exerted by a simple phenomenon of ideation on the vasomotor centres."

Alfred T. Schofield, in "Unconscious Therapeutics or the Personality of the Physician," 1906, page 34, states: "Dr. Lloyd Tuckey remarks (Hypnotism and Suggestion, 4th edition, page 11), not without reason, that the action of the mind may explain the numerous cases where medical men have fallen victims to diseases of the organ which has been their especial study, as Trousseau died of cancer of the stomach, etc."

Any number of writers have told of the hallucinatory phenomena which they believed occurred as a result of hypnotic suggestions—visual hallucinations, auditory hallucinations, etc.

Allied to these views we may mention the superstitious belief, common among the laity, in the effects of marking or maternal impressions, as the result of mere ideas as well as fright, shock and trauma.

In contrast to the statements above, let us listen to George W. Jacoby, who in his "Suggestion and Psychotherapy," 1912, page 150, says: "Bodily functions may be affected by means of suggestion, though organic changes cannot be brought about." In discussing Krafft-Ebing's and Forel's experiments to ascertain whether organic change

can possibly be produced by suggestion, he declares: " . . . even assuming the deception in each case was a complete success and that the effects logically to be expected ensued, and ignoring the fact that, when they were successful, (they) had to be most skeptically received, the result does not by any means overthrow the rule that organic changes cannot be produced by suggestion alone. In our opinion it is an ample explanation in these instances to say that it was hyperemia due to suggestion, and, therefore, a functional change in the circulation of the blood which caused the hemorrhages and the alterations in the skin." But even with his explanation, it is plain that he would postulate that suggestion can cause changes in the involuntary nervous system, although he does not differentiate between genuine ideation and ideation or suggestion which is accompanied by emotionalism.

I cannot enter into an analytic or critical discussion of the assertions which I have here enumerated. It is enough to say that the reports of such results taking place in the peripheral processes as a result of suggestion are so few and far between, the positive proof that the results observed were unquestionably the direct result of suggestion is so frequently lacking, the marvels reported are so far beyond the facts of ordinary, everyday life as we know it, it seems so impossible to reproduce these reported wonders of hypnotism, and the whole business seems so shrouded in mystery to most of us, that, unless thoroughly convincing evidence is forthcoming, so that no flaws can be found in the reports and they can be reproduced with positiveness by different experimenters of standing, we may well question the truth of the conclusions arrived at, although the observations may have been correct.

CLAIMS MADE IN CLINICAL PSYCHOPATHOLOGY

Aside from what has been given of the claims made for hypnotism, we find certain declarations in this connection in clinical psychopathology.

Without giving the views of the different writers and students in this field, I may say that here, too, a sharp

difference has not always been made between the effects of emotion and those of ideation. As a consequence, much of what one reads about the influence of the mind on the body is confusing. This is especially so in reading the symptomatology of socalled hysteria. So confusing was this to me, that I found myself compelled to write a paper recently entitled "On the Use of the Term 'Hysteria' with a Plea for its Abolition and a Consideration of the Problem of Dismemberment of So-called Hysteria."[2] Under the term hysteria we have had included by different writers conditions of many kinds—lying, simulation, suggestionism (which Babinski would call "pithiatism"), self-mutilations (which Dupré would label "mythomania"), the transient effects of acute emotionalism, and the more or less protracted and post-emotional disorders which we find most characteristically in that condition which has been described as post-traumatic hysteria.

Hence all kinds of disordered functioning of the voluntary and involuntary nervous systems have been attributed to socalled hysteria, without, in too many cases, specifically defining in what sense this term was being employed. Here we may find paralyses, pareses, contractures, tremors, choreiform movements; anesthesias, paresthesias, hyperesthesias; pains have been included by many; disordered functioning of the special senses—vision, hearing, taste, smell, etc., generally in the direction of lowered functioning or lessened activity; but in other cases over-activity and involuntary functioning of these functions have been described, with hallucinations of smell, of vision, and the like, and with hallucinations referred to the skin, such as feelings of coldness, of warmth, crawling sensations, and so forth.

Further than this we find many including such low-level nervous system disorders as vasomotor, secretory and trophic disturbances, so that there may be enumerated hyperemia, congestion, erythema, gangrene, ulcers, pruritis, urticaria, psoriasis, etc.

The failure to differentiate between the various types of conditions mentioned above—simulation, lying, self-mutilations, suggestionism, and the transient and protracted phenomena flowing out of emotional upset, plus errors in

diagnosis, have been responsible for the inclusion of so many conditions under this heading.

The recent efforts to explain some of these vegetative nervous system manifestations occurring in patients who at the same time happened to be suffering from definite ideational disorders, as the symbols of mental conflict, with conversion, by repression into the subconscious, of painful mental states into peripheral reactions, seems to be based upon the assumption of the truth of the report in which similar manifestations were laid at the door of the psychoneuroses, without any attempt to differentiate between ideationally and emotionally induced phenomena.

The error of this viewpoint, will, I believe, be cleared up in the course of the remainder of this paper.

I must, however, say at once that Babinski[3] took a great step forward in the proper direction when he attempted to dismember the hysteria of tradition.

He called attention to the phenomena due to simulation, suggestion (his "pithiatism"), self-mutilation, emotionalism and of a reflex nature respectively. His "pithiatism" is nothing more than a sort of blind simulation in which the phenomena are produced by suggestion (the acceptance of unreasonable ideas) and cured by persuasion (the acceptance of reasonable ideas.) Although we may not agree with him in his claims, in some respects, as to the power of suggestion in causing the protracted symptoms of the kind found in socalled post-traumatic hysteria, still we cannot help agreeing with him when he insists that ideas or pure suggestions cannot of themselves, and in direct manner, produce disorders of a vasomotor, secretory or trophic nature, hemorrhages, anuria, albuminuria and fever. He adds that ideas or suggestion cannot abolish or exaggerate the true tendon reflexes—although, it should be remarked, one can, by ideational or voluntary intervention, interfere with the reflex response by assisting or inhibiting the reflex reaction; nor can one thus cause changes in the pupillary or skin reflexes. He is willing to agree that suggestion is capable of producing the following changes: convulsive crises, paralyses, contractures, trembling, choreic movements, disturbances of speech, of respiration, of skin sensibility (anesthesia and

hyperesthesia), of the special senses and of the bladder.

IDEAS CANNOT DIRECTLY PRODUCE PERIPHERAL SENSORY CHANGES

Although Sidis[4] does not take up for discussion the particular subject which is being dissected in this paper, still, he has given us valuable viewpoints which throw much light on it and help to solve it for us.

Ideational and perceptual processes are distinct from one another and by no manner of means can be identified. Aside from other differences, the percept is essentially sensory, while the idea is not. "Ideas and images are not possessed of magic virtues, and with all the fancy work about them, they cannot display sensory qualities." A sensation cannot possibly be called up at will. Although there is memory for images, there is not memory for sensations.

In his discussion of what he properly calls primary and secondary elements and their relationship to hallucinatory perception, he insists that hallucinations are always peripherally induced, and would define or explain an hallucination as a system of secondary sensory elements dissociated from their primary nuclear elements.

Furthermore, in his consideration of hypnotic hallucinations, so-called, his final conclusion is "that *hypnotic and post-hypnotic suggested hallucinations are not genuine, but are essentially spurious; that hypnotic hallucinations, unlike actual hallucinations, are not really experienced; that hypnotically suggested hallucinations are only forms of delusions.*"[5] (Italics Sidis'.)

His belief in the non-existence of real hypnotic and post-hypnotic hallucinations would naturally flow out of his differentiations between ideational and perceptual processes.

Personally I believe that Sidis is right.

This means that by purely ideational influences, without the intermediate reenforcement by other states, ideas, *per se*, cannot induce peripheral sensory processes. Hence hallucinations of vision, or hearing, or smell, or feelings of cold, or warmth, or the like, cannot be called into being by the power of ideas.

In a recent[5] paper, I showed, at least to my own satisfaction, that true, peripheral, local pains cannot be caused by ideational processes. This would be the natural conclusion of the views just expressed.

IDEAS CANNOT DIRECTLY AFFECT THE INVOLUNTARY NERVOUS SYSTEM

If ideas cannot even directly affect the peripheral sensory processes in the voluntary nervous system, how much more impossible is it for them to produce changes in the action of the involuntary nervous system with its two great subdivisions, the vagus and the sympathetic groups!

From self-observation and self-study, I believe we can say, with full truth, that pure ideas, whether as auto or heterosuggestion, cannot have any direct influence on those functions which are directly under the control of the involuntary nervous system, and that they can have only a temporary, inhibiting or enhancing effect upon those functions which are not entirely under the dominance of the involuntary nervous system but over which the self-consciousness of the individual still has some control. In the latter group we have such functioning as bladder and rectal control, the movements of the chest, the tendon reflexes. Under the heading of the involuntary nervous system we have all sorts of visceral and peripheral functions of a vital nature. Here we must not fail to include the secretory, vasomotor, and trophic phenomena. The functioning of the cardiovascular-renal system, of the stomach and intestines, and the like, plus that of the ductless glands, comes in for the same labelling. Emotionalism may directly effect these involuntary, vital processes, but ideas themselves are totally incapable of directly affecting them. Ideas may indirectly have such action by the intermediate incitement of the emotions, especially those of a depressing, disintegrating nature.

VOLUNTARY INHIBITION

Ideas, when they have us in their grip, can have an

inhibiting effect upon the self-consciousness of certain peripheral processes.

This inhibiting or repressing or suppressing effect is due to the change produced in the threshold of consciousness at the particular moment for various sorts of peripheral irritations. Here comes the value of a stoical attitude in life, of self-control, and the like.

Nothing that has been said up to this point should in any way detract from the value and import of hypnosis and other methods of mental treatment wherever indicated.

CONCLUSIONS

Ideas can lead to functioning of the voluntary nervous system.

Ideas cannot directly affect peripheral processes wholly under the domination of the involuntary nervous system.

Even in the case of the voluntary nervous system, ideas cannot produce, in direct manner, activity of a sensory nature. Hence, hallucinations of any kind cannot be due directly to ideas.

Ideas can lead to functioning in the voluntary motor system.

Ideas can indirectly affect the involuntary nervous system by exciting the emotions.

By ideas we may inhibit or repress from self-consciousness the awareness of certain peripheral processes.

Ideas cannot directly produce or call into being pains of a true type.

NOTE.—In referring to what one may with a fair measure of justice speak of as so-called pure ideas or ideational processes I have in mind calm thinking, even though it be somewhat reflective and critical. In such thinking, although to a certain extent the bodily organism other than the brain is taking part in the work, comparatively little drain on the energies of the body is brought about and the deeper levels of reserve energies, and the phylogenetically older protective defenses of the involuntary nervous system, ductless glands and physico-chemical processes are practically not at all called upon. This is not the case in excited thinking or very intensely critical thinking. The greater the degree of concentration and intensity in thinking, the greater the associated ex-

citement and emotionalism, so much the greater is the energy expenditure and the more the involuntary and voluntary nervous systems take part in the work at hand.

In the latter case, the effort is more pronounced, the drive or attack or defense or adaptation (call it what you will) has summoned into action more and more hidden and remote lines of defense. As a consequence the results are fatiguing and the activity is relatively of brief duration (is this, too, biologically protective?), and there is a tremendous drain on lower and lower levels of activity within and without the nervous system. In such instances even the most distant peripheral processes may rush to the rescue, so to speak, and take part in the encounter—in the work of thinking—especially if the state of bodily health and the stability is considerably below par, from any cause.

Here, however, we are discussing purely physiological or mechanistic effects or concomitants and not changes produced by the direct summoning power of ideas per se.

Furthermore we should be careful not to credit ordinary concentrated thinking with too great powers of producing or rather being accompanied by peripheral changes. For instance, K. S. Lashley (The Human Salivary Reflex and Its Use in Psychology, Psychological Review, XXIII, No. 6, November, 1916) quotes B. Brunacci and T. De Sanctis as having reported "experiments to show that intense mental application (translation from a foreign language, computation, etc.) partially inhibits secretion of the parotid" but he concludes that he cannot find that these authors have controlled a source of error in their technique which he points out.

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EUPATHICS—A PROGRAM FOR MENTAL HYGIENE

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THE professional observers of their fellowmen have always aligned themselves in one of two opposing groups. The first group, fiercely insistent upon focusing its glance upon the possibilities of human culture, has fought for an equalization of environmental conditions. This group claims the bulk of the radicals, for since these view the successful mainly as monopolists of opportunity, they clamor for a change in order to equalize conditions. The other group, impressed by the extraordinary advantages of being well born, has leaned to an aristocratic view of life, creating kings, noble families, and the whole paraphernalia of congenitally dominant classes. Here, belong the conservatives who see in the established order of things, the supremacy of the best and, therefore, sternly resist change.

In a very large measure these two view points divide up Psychiatry and Neurology. Corresponding to the environmentalists is a group that lays emphasis, as causes of the psychoses and neuroses, upon bad training, poverty, sickness, and especially following Freud, upon vicious circles in the emotional and intellectual life arising through conflicts between personal desire and the social-ethical organization. The other group, larger in number, controlling as yet the institutions and the colleges, places the blame upon inheritance and seeks to mend matters by substituting a responsible system of mating for the present irresponsible giving and taking in marriage. Society, these workers say, must step in, forbid the marriage of the unfit, sterlize them, if necessary, and thus prevent the growth of

human weeds. From these ideas was born the goddess of right mating, Eugenia, who severely frowns on Venus, and whose followers call themselves Eugenists.

Now I have no quarrel with Eugenics and indeed am greatly interested that its work of introducing genuine good breeding into society shall go on, but I quarrel with the Eugenists who make it the whole of a program of Mental Hygiene. My objections arise on two grounds: the one, logical; the second and more important, practical. Logically because the part is not equal to the whole. Practically, because the field of Mental Hygiene which I desire to emphasize has for its aim the *well being of the normal*, while Eugenics largely simmers down to a program for the elimination of the unfit. *Eugenics* points out in charts and figures the cost of maintaining Insane Hospitals, Feeble-Minded Schools and Jails. *Eupathics*[1], its more gracious sister speaks of means by which the mood of Mankind may be elevated. Essentially, it is a democratic program seeking to irradiate throughout Society the tone and mood that now graces the lives of very few.

One must at this point meet the objection of those who are quick to take alarm at any program that savors of sentimentality. No alarm need be felt on this score for Eupathics is a scientific conception based on the fact that Mood, the dynamo of the psyche, can be reached and elevated in a perfectly definite manner. This entails at least a short analysis of the present day conception of Mood or feeling, for Eupathics holds that the problem of *Mental Hygiene* should be very largely a problem of *Mood Hygiene*.

Mood is a real source of the energy and happiness of the individual. Mind faces the world, adjusts Man to it, but Mood gives to Mind the strength and the desire to go on living or else brings about apathy and the wish to die. Mood arises from two sources. The first is the resultant of the combined functioning of the organs. Today we can correlate Mood, in part at least, with the secretion of adrenalin, the reaction of the enzymes, the oxygenation of the tissues,

[1] I owe the coinage of this word to my friend, Professor Charles St. Clair Wade. I think it conveys what I mean better than any word that is used. Eudaemonism means too nearly happiness to give the idea of mood in general.

the tone of the arteries. But always Man has known that the glasses through which he viewed the world were colored by the state of his digestion, and spoke of melancholia as arising literally from retained bile, spoke of anger as splenic, etc. One is here reminded of the famous story that concerns the suicide pact made by Voltaire and the Englishman who had agreed with the sage that Life was not worth living. On the morning of the day appointed for the exit from Life, the Englishman, arriving at Voltaire's house, found that worthy busily engaged in doing away with a good meal, at the same time enjoying a risque story. The Englishman expostulated and reminded the philosopher of his agreement. But the latter waved him aside. "Aujourdhui," "dit il" "J'ai bien operé."

The difference between the old and the young is largely one of mood, and could we join the sad experiences of the aged to the vigorous tissues of youth, we would still find the gay exuberance that no intellectual perception of the futility of life can check. Behind the interest we can summon for our tasks, the zeal and sureness of our actions, the consciousness of power and courage is a silent reservoir, a pressure of energy whose dimly conscious manifestation is the mood created by the unconscious organs. We have then in the general health conservation, in all programs that look to a better physical Mankind, a true Mental Hygiene program, one that gives a rationale for Health as a foundation for the Happiness of Man.

The dependence of mood upon health and energetic organs is most easily studied in the very young child. Here are no definite purposes to steady the conduct, or to obscure the change in mood, as is the case in adults. Fatigue changes the sweetest natured child of two or three into a restless, querulous, unsociable, uninterested, little creature, whose main characteristic becomes a decided negativism. And sickness plays upon the mood of a child as an organist plays on his instrument, so that every change is reflected in the child's conduct. Changes in the mood of children are really temporary psychoses and constitute a much neglected field for the study of the genesis of mental diseases.

But this is not all. Other things than the personal

bodily health create mood. The social health breeds a social mood that varies with the state of its cause. That these moods are racial in a biological sense is probably true only in very limited measure for the various ethnic strains in any large community usually have moods corresponding to their social position rather than to their racial origin. Nothing is so contagious as mood,—the preventible misery of the world acts as a tragic destroyer of buoyant mood even for those who are not actually touched thereby. The story of Buddha and his reaction to the poverty, old age, sickness and death around him is the story of us all, even though we react without definite consciousness of cause, by a cynicism and a hardness that is, after all, an armor for our too delicate souls. Though we had not an enormous machinery for diffusing social moods, in the newspaper, book, moving picture and theatre, personal contact alone bringing to us the misery of our fellows brings a toned down despair, an ever simmering discontent. The "insolence of accidents," the bitterness of injustice, every case of merit disregarded and of vice rewarded adds to a mood which takes zest from living, energy from action and graciousness from conduct. A society in which most men and women live continuously on the brink of disaster is a society whose mood is poisoned by an insidious auto-intoxication. And to preach "Don't worry" to the clear-sighted person continually foreseeing really imminent economic and social ruin is as futile as it is unsympathetic.

Eupathics looms suddenly very large. A program for promoting the health of the individual and the health of society in order that a better basic mood may arise—what then is left out? The answer is, nothing of consequence. For essentially a better basic mood is the condition of happiness and efficiency, these given their largest application. And he who steps in to conquer a disease, or who solves municipal housing problems, or prevents by a device the avoidable accident, or releases man from boredom or fatiguing drudgery, or who creates new beauty—all such are workers in Mental Hygiene, workers in the field of Eupathics. Who can measure the uplift in the mood of Man by the conquering of hookworm disease, and who can

measure the value of the vacuum cleaner to the housewife? And if a Charlie Chaplin brings the comfort and blessing of solid laughter to those not easily reached otherwise, then we must class him as a benefactor, a force working in Mental Hygiene, whatever we may think of his art.

REVIEWS

STUDY OF ORGAN INFERIORITY AND ITS PSYCHICAL COMPENSATION. *A Contribution to Clinical Medicine. By Dr. Alfred Adler, of Vienna. Authorized translation by Smith Ely Jelliffe, M. D.* New York: The Nervous and Mental Disease Publishing Company, 1917, $1.50, pp. 86.

This is No. 24 of the Nervous and Mental Disease Monograph Series.

It is the foundation, upon which, with additions, Adler developed his theory of the so-called neurotic constitution, as given in his book recently translated into English under the name of The Neurotic Constitution, and which was reviewed by me in the Journal of Abnormal Psychology for August, 1917.

For the benefit of the reader I shall review, in running fashion, so to speak, going from chapter to chapter, this monograph by Adler.

Adler considers the causes of the localization of disease. His fundamental thesis is that the cause of localization of disease is to be found in the primary, fundamental, relative somatic or physiological inferiority of the organ or system affected.

The proofs of organ inferiority are to be found, if we follow Adler, in (1) heredity, (2) anamnestic demonstration, (3) morphologic characteristics, (4) reflex anomalies, (5) manifold or multiple organ inferiorities, and (6) in the reactions on the part of the nervous system as seen in the development of neuroses and psychoses.

In his chapter on "Heredity" he does not differentiate between congenitality and heredity (true germinal inheritance). He refers especially to familial inheritance and apparently fails to realize that he is dealing with the problem of the hereditary transmision of acquired traits, in this special instance, of organ inferiorities of specific types, and in this respect his arguments and reasoning are superficial; not at all as careful as that of the biometricians and Mendelians who have been thinking along the same line. He differentiates between the heredity of disease and the heredity of organ inferiority and declares: "The inferiority of an organ may reveal itself in the descendants in the most diverse parts of the organ"—and by "organ" he generally means system (gastro-intestinal, respiratory, and the rest). Acquired causes of disease are considered as secondary, incidental factors.

Adler loses sight of the fact that the total number of physiological systems is but a handful (count them if you doubt it), and hence it is no wonder that different members of the same family

may show some disorder at some time or other in their lives in the same organs or systems.

His chapter on "Anamnestic demonstration" demonstrates nothing in particular in proof of his main contentions. He refers to such early signs of organ inferiority as bed-wetting and the like.

Under "Morphologic Indications of Organ Inferiority" he refers to external signs of so-called degeneration, the so-called stigmata, which may be present or absent, and to hidden, internal inferiorities which show themselves by disturbance of function and of the related reflexes. He also mentions segmental inferiority as the cause of segmental disease. He omits all sorts of acquired causes responsible for these changes.

In his discussion of "Reflex Anomalies as Indications of Inferiority," increase or decrease in reflex reactions of all sorts is considered as abnormal and a sign of inferiority. Adler would have to define here just what he means by "inferiority," "normal," "increase" and "decrease." What is his standard? Is not most of this mere guesswork, except in extreme, positive, clear-cut cases? He even goes to the extreme of coming out for familial, hereditary transmission of reflex reaction types of varying degrees, in all parts of the body, as, for example, increased or decreased palatal reflex. Who knows what a normal palatal reflex is? Who is to be judge of this in borderline cases?

Under "Manifold Organ Inferiorities," he refers to multiple organ inferiorities, and again comes out for the hereditary transmission down the family tree of organ inferiorities of different systems, these system inferiorities being transmitted like Mendelian units, it would appear. Even complications in disease are always determined by organ inferiorities of a familial type. He does not consider use or abuse, wear and tear, fatigue or not of the individual organs and systems occurring as the result of the life conditions of the individual.

In this chapter he makes the peculiar statement, which he repeats in The Neurotic Constitution, that "every organ inferiority carries its heredity through, and makes itself felt by reason of an accompanying inferiority in the sexual apparatus."

In the next chapter on "The Part Played by the Central Nervous System in the Theory of Organ Inferiority. Psychogenesis and Foundations of Neuroses and Psychoses," he presents views which have been developed at great length in The Neurotic Constitution. His discussion of physiological activity in this chapter, as well as most of his reasoning throughout The Neurotic Constitution, is a somewhat anthropo-morphic, ideocentric viewpoint.

In the succeeding chapter on "Biologic Viewpoint in Organ Inferiority Theory," I find that Adler reverses his position and now properly speaks not of true, germinal inherited inferiority but of embryonic, congenital, and hence acquired inferiority—

acquired in the course of development of the cells and organs as a direct result of their life conditions. He correctly enumerates as the causes of organ inferiority only acquired conditions affecting the spermatozoon or ovum or developing embryo. If I were so inclined I could here show that this chapter could be used to explode most of the views expressed earlier in the work. Here, too, there is a hint of Roux' theory of the struggle for survival between the individual cells and organs.

Finally, in an appendix, Adler applies his views to the urinary apparatus in particular.

Throughout the volume Adler has assumed a careless, dogmatic attitude, his statements are too often far-fetched, unscientific and unfounded. The numerous cases he introduces as evidence in support of his claims do not prove a thing.

Now, what is the conclusion one should draw from all that Adler says of organ inferiority? English, French and American neurologists have pointed this out long since, and all workers in the field of psychopathology will doubtless agree to the following statement: There is such a thing as a sensitive, irritable, impressionable constitution. This may be localized or of a more general nature. If it affects the nervous system only, we may call it neuropathy. Organopathy may be used as a general term. We have for a long time been using the terms "constitutional," "constitutional makeup," "constitutional inferiority," irritable weakness, instability, neuropathic, defectively and unstably organized, and the like. This instability is congenital or acquired during the lifetime of the individual from one cause or another. The causes of congenital instability are prenatal, in the mother or father, thus affecting the germ cells before union, or in the mother alone, after union of the germ cells. The causes are various—syphilis, tuberculosis, lead poisoning, inanition, local inflammatory diseases of the reproductive organs, etc.

We know, too, that several members of the same family may be affected with system inferiority, especially of the nervous system. For instance, syphilis in one or both of the parents may be responsible for a neuropathic condition in several or even all of their offspring.

The question of the possibility of acquired instability of a general nature which can be transmitted by heredity for at least a few successive generations has not been positively settled in human beings up to date, so far as I see, in spite of much splendid work that has been done along this line. This seems to be true for certain mammals, as proven by the experiments of Stockard and his associates in their studies of the hereditary transmission of degeneracy and deformities by the descendants of alcoholized mammals (American Naturalist, Parts I and II, Vol. L, February and March, 1916, p. 65. See also Stockard's article in Interstate Medical Journal, June, 1916, Vol. XXIII, No. 6, and the references

there quoted.)

The question of the hereditary transmission of acquired instability of specific types (organs or systems) leads one to a consideration of the general problem of the possibilities and degrees of the germinal inheritance of acquired physiological traits.

There are all degrees of instability or irritability of this or that organ.

Instabilities of varying kinds and degrees may occur in highly or lowly organized systems.

Although Adler has tried to catch too many fish in the same net, and although his efforts to prove the hereditary transmission of specific types of system instability are not successful, yet this little monograph goes far to prove that there are all sorts of constitutional physiological inferiority or instability or irritability, and if there be any who doubt this, Adler's discussion will convince him of at least that much.

Rosenow's work and his belief in the existence of the selective affinity of certain organisms for certain special tissues as the cause of all sorts of diseased conditions, such as arthritides, nephritides and the like, are interesting when contrasted with the views of Adler as expressed in the volume under review.

The fundamental problem with both of them is the causation of the localization of disease or the *locus minoris resistentiae*.

Adler's views are interesting, furthermore, if we use the theory of organ or partial organ inferiority or instability to account for so many of the peculiar conditions we find in dementia precox, feeblemindedness and similar conditions. Yet many others for some time past have been speaking of ageneses and aplasias, hypoplasias and the rest.

As in his other writings, Adler writes with much force, and although his arguments are too oft not convincing, they are surely suggestive.

The translator accomplished his difficult task satisfactorily, although his job was not an easy one.

MEYER SOLOMON.

THE HISTORY AND PRACTICE OF PSYCHANALYSIS. *By Poul Bjerre, M. D., translated by Elizabeth N. Barrow.* Boston: Richard G. Badger, 1916, $3.00 net, Pp 294.

The various chapters in this work deal with "Kant and Feuchtersleben," "Wetterstrand and the Nancy School," "Psychanalysis as a Science and Method of Treatment," "The Adler-Doctrine Concerning Neurosis," "The Nature of Hypnosis," "The Conscious Versus the Unconscious," "Extract from a Case-history," and finally "Points of View and Outlook."

It is surprising to find that this author, who seems to be versed in the main steps in the historical evolution of our knowledge in more recent times of psychopathic states, has neglected the

very important and fundamental work of Janet, Prince and Sidis. Surely Janet, whose name should at once come to mind with the mere mention of such other students in France as Charcot, Bernheim, Dejerine, Dubois, and others (whom Bjerre refers to) might have come in at least for a passing recognition.

The author adopts a really impartial and fairminded attitude with respect to the Freud-Adler controversy, and agrees with those who see Freud in error in his exclusively sexual viewpoint.

It is to be noted that Bjerre here includes Adler's views under "psychoanalysis," with which the book deals. I have elsewhere expressed the view that the term "psychoanalysis" be limited to mental analysis in accordance with the theories and methods of Freud. Others have advocated its employment in a similar sense. And Freud himself refuses to admit that either Jung or Adler practises what he is pleased to call "psychoanalysis," and has read both of them out of the psychoanalytic movement. If we view things in this light, then, Adler is not a psychoanalyst, although he has erred in adopting some of the erroneous viewpoints of the Freudian school in spite of his having modified the system in certain other fundamental and worthy directions.

Bjerre, too, although assuming a very commendable and broadminded attitude, and although he does not seem to belong to any of the schools and is apparently seeking the truth no matter whence it comes, has permitted himself to fall into certain pitfalls. He has failed to adopt a truly biological and evolutionary viewpoint. He has clung to a too exclusively individualistic and purely psychological (really ideational) conception, and has continued to worship at the shrine of philosophy and interpretation, applying these viewpoints to the understanding of psychopathic states. There is, as a result, a noticeable tendency to say it is "proven" when he means it "seems as if," and the like.

He believes hypnosis to be the temporary sinking back into that primary state of rest which obtained during fetal life. This is also an "as if" interpretation. The turning on of the light to be derived from a broad biological and evolutionary viewpoint clears this subject up at once.

"Extract from a Case-history" is a very interesting presentation of the treatment and cure of a paranoidal state. Those who aspire to treat these conditions or are making serious efforts in this direction would profit greatly by a reading of this chapter.

Although the author does not contribute any particular system of his own, it would be well for all interested in this subject to read this work, listen well to the candid but friendly criticisms offered, but do not fail to take note of the errors in viewpoint of Bjerre himself.

It is a sign of progress when free spirits come forth to discuss frankly, openly and impartially the pros and cons of a subject about which such wordy wars have been waged up to date, and

about which probably much more will be said in the future.

All hail to an author who refuses to be bound down by any particular system—whether religious or otherwise—and who strikes boldly from the common path of tradition to hew out his own course to what he believes to be the truth or near-truth!

MEYER SOLOMON.

NOTES ON AFFECTIVE PHYSIOLOGY. *By George Van Ness Dearborn.* Medical Record, April 8, 1916.

Dearborn has written many papers on topics allied to that discussed in the present paper. Perhaps the paper under consideration gives his views more definitely and clearly than most of the other papers he has written on these subjects.

Psychology, he says, now needs specific information about the innervation of behavior—the innervations of feeling and emotion, the fundamental principles of emotional neurility, neurokinesis, nervous strains, nerve impulses, as he variously terms it.

He lays stress on the importance of cenesthesia and of partial cenesthesias (from the individual organs).

His fundamental thesis is this: " . . . the physical or energy-aspect of feeling is numerous sets of kinesthetic neurokinetic strains or impulses relating all layers of the great cortex to its affective environment (whether the latter be outside the body or within it), the conscious inhibitory phase of the kinesthesia representing originally the feelings unpleasant in tone, and its subconscious actuating phase the pleasant emotion."

The term "kinesthesia" is here used to include practically all information or impulses that enter the nervous system to pass up to higher and higher levels.

The integrations at the higher levels of the nervous system represent symbolically, so to say, those at a lower level.

He discusses at length the problems of actuation or the impulse to activity, of inhibition and of integration in the nervous system, and pays particular attention to neuromuscular impulses or stimuli.

We may, with justice, quote some of his summary, as representing his views in support of the thesis which he has laid down:

"The actuation of movement, bodily and therefore mental, in the normal, unfatigued, and naive individual, is the primal and enduring delight of all his experience.

"In such a personality the inherent impulse to movement in space and in time seems to be represented neurally by the actuating phase of kinesthesia pleasant in tone whenever it rises out of 'the subconscious.'

"In such a personality, too, the human restraint of impulsive movement in emotion seems to be represented by the unpleasantly conscious inhibitory phase of kinesthesia.

"Organic evolution at heart is an ever-complexifying process of control over impulse.

"In the triple intricacies of the great cortex is the only adequate integrating mechanism for that particular physiologic balance (here between pleasant actuation and unpleasant inhibition) which is concomitant on the usual symbolic plan to feeling.

"As the child develops its personality properly human, a double kind of submergence seems to occur: figuratively, a submergence of unpleasantness in some cases into an habituated subconsciousness, and literally, perhaps, a submergence of neuronal motor control from the 'neopallium' into the deeper layers of the cortex, the 'archipallium.' This universal process in no way invalidates the kinesthetic theory of feeling, since it leaves undisturbed the original primary influences on the autonomic and spinal greys as well as the secondary resultants therefrom into the cortex by way of the distributing thalamus."

Dearborn has made a physiological attack upon a tremendously important fortress. In fact he is dealing with the same question which is holding the rapt attention of so many workers in the field of psychopathology, although different writers and thinkers are using different terms.

The concepts behind such terms as "sexual," "libido," "will to power," "wish," "elan vital," and the like are, to a certain extent, in line with Dearborn's "actuation."

It will thus be seen that Dearborn's paper will be read with much interest by all psychopathologists.

Dearborn's views, however, have not yet come to a sharp-cut point. He is still battling bravely with the problem he has undertaken to explain and solve. For this reason we may expect more work from him in this direction, and, as he gets a better and deeper grasp upon his subconscious, he will be in a position to strike home with more powerful hammer-blows, in his attempts to drive his views into our thick skulls.

MEYER SOLOMON.

STUDIES IN FORENSIC PSYCHIATRY. *By Bernard Glueck, M. D.* Boston: Little, Brown & Co., 1917, $2.50 net, pp. 269.

This is number 2 of the recently projected series of monograph supplements to the Journal of the American Institute of Criminal Law and Criminology.

The work is a collection of studies previously published by Glueck as papers in different journals. The five chapters of the book deal with "Psychogenesis in the Psychoses of Prisoners," "The Nature and Treatment of the Psychoses of Prisoners," "The Forensic Phase of Litigious Paranoia," "The Malingerer: A Clinical Study," and "The Analysis of a Case of Kleptomania."

In the chapter dealing with the first topic mentioned Glueck gives a review of the literature on the subject with some illustrative cases coming under his observation, and with a discussion of psychogenesis in the psychoses of prisoners, including the mental

disturbances of so-called degenerative individuals, which latter group of mental disorders he believes to be essentially psychogenetic in origin.

In his discussion in the second chapter he takes up the general problem of the nature and treatment of the psychoses of prisoners, gives illustrative cases, and offers some recommendations of a practical nature, emphasizing the need of psychiatric annexes in connection with penitentiaries. He points out the need for the study of adult criminals, of the recidivist type, from the psychopathologist's viewpoint.

Chapter three presents two interesting case-histories illustrating the importance of litigious paranoia, with a brief consideration of some of the problems staring one in the face in this field.

Chapter four is given up to an excellent study, from our present-day viewpoint, of the malingerer. I presented an abstract of this paper in the JOURNAL OF ABNORMAL PSYCHOLOGY for August-September, 1916. This is, as I see it, the best chapter in the book.

In the fifth chapter Glueck offers us an analysis of a case of kleptomania from a more or less psychoanalytic point of view, in which he believes the genesis or driving force to be due to efforts to sublimate (in this particular case by antisocial conduct) a trend toward homosexuality (anal-eroticism). The proof for this conclusion, is, however, not convincing, although suggestive.

It is seen, therefore, that Glueck has here attacked the problem of the adult recidivist from the standpoint of the modern psychiatrist and psychopathologist. He has dealt with concrete problems in a cleancut, practical sort of way. This is indeed progress from the tendencies of too many workers in this field.

Glueck definitely demonstrates the broadening fields of psychopathology. It is the psychopathologist, with his medical, neurological, psychological and psychopathological training, plus his grasp of modern social, industrial, economic and allied conditions, who will do most to solve the problem of the adult recidivist, the drug addict, and the rest.

Healy, by his pioneering work with the juvenile delinquent, has led the way.

The field is big, the ramifications are many, and the solution of the problems is not so difficult as we have so long believed.

The papers collected in this book are the result of Glueck's work in the criminal insane department of the Government Hospital for the Insane. Since these papers were written Glueck has become the Director of the Psychiatric Clinic at Sing Sing Prison. Here he is in a far better position to deal directly with the great problem of the adult habitual offender. Now that he is closely at grips with the issues to be met, we may expect valuable contributions which should do much to help society understand the causative factors and the therapeutic attack on the problem.

It is work of the type represented in this book which will do much in this direction. Intensive study of individual cases, as so well carried on by Healy with the juvenile offender, is the only proper method of approach to the attempted solution of individual cases.

MEYER SOLOMON.

A BEGINNER'S PSYCHOLOGY. *By Edward Bradford Titchener.* New York: The Macmillan Co., 1915, $1.00, pp. XVI, 362.

The two most distinctive features of this book, which supplants but is not a revision of the author's earlier "Primer of Psychology," are the absence of any description of the nervous system, and the great emphasis laid throughout on the distinction between fact or process and meaning.

Professor Titchener holds, in common with a minority of other psychologists, that neurology is not a proper branch of psychology, and therefore should not be included in an elementary textbook of the latter science. The reviewer assents to the first part of this statement, and wishes the teacher could assume in all his students that introductory knowledge of neurology which would make the second part of it equally obvious. A glance at the index, however, shows at least 27 distinct references to neurological topics (nervous "forces," "dispositions," etc.), and the constant references to such matters throughout the book evidences at least the difficulty of adhering with absolute consistency to the principle of a pure psychology in an elementary textbook.

The reviewer questions also, while again yielding a hearty—and in this case an enthusiastic—adherence to Professor Titchener's principle of separation between process and meaning, and his contention that psychology has to do entirely with the former and not at all with the latter—notwithstanding all this, the reviewer finds himself seriously questioning the possibility of making this distinction clear to the elementary student, and maintaining it consistently throughout an entire course. The author succeeds in this matter admirably, but at the expense of sufficient clearness, it is to be feared, to the student who comes for the first time to the study of non-objective phenomena. The chapter on Association, for example, in which the author is most successful in adhering to his principles, is from the student's point of view probably the least satisfactory in the book.

The concluding chapter and the appendix are devoted to topics usually and probably advisedly, omitted in introductory books on general psychology—one to the subject of "Self and Consciousness," the other to "Dreaming and Hypnosis." The former, granting the advisability of including these subjects at all, is commendable for its treatment of consciousness and of the self of experience, though hardly just to the concept of the subconscious in its explanatory aspect.

Mention of the subconscious leads the reader naturally to a consideration of the topics discussed by the appendix, which is likely to be the chapter of greatest interest to the readers of this JOURNAL. Why dreaming should be considered part of the subject-matter of abnormal psychology is difficult to explain, except on the ground that the vast difference between the state of consciousness of the dreamer and that of the waking individual makes the advantageous elucidation of the mental processes of the former impossible until the waking processes have been thoroughly discussed and impressed upon the student, and also that the contents of dreams are of wider significance for the study of mental disorders than for the understanding of the normal mental processes. (This latter, of course, is but a relative difference). The chapter as a whole is excellent, considering the limitations of space. I note only three adverse points—(1) Is it quite fair to state summarily Freud's theory of dreams without defining the Freudian concept of the "wish," and thus leave with the reader an utterly foolish notion of what "Freudianism" teaches? (p. 341). (2) Though admitting that "the symptoms of hypnosis do not follow any stereotyped pattern," the author sticks pretty closely in the same paragraph to the classic three stages of Charcot (p. 342). (3) The main symptoms of hypnosis are said to include anaesthesia and amnesia (p. 342) but no definition of these terms is given anywhere in the book.

Finally, one or two random criticisms. The subject of Interest is fundamentally interwoven with that of Attention in all of its phases, and yet is almost entirely ignored in the chapter devoted to the latter—surely a most unfortunate omission. The questions at the close of each chapter, as is usually the case in textbooks, are in many instances, especially in the early portion of the book, quite useless to the student or teacher. What reply, for example, of any value whatever to the student, could be looked for to the questions at the end of the introductory chapter on the nature of science, the definition of psychology (most pressing of all the problems of that science today), or the history of human thought? The conversational style of the book, though estimable in intention, does not always seem appropriate to the subject-matter, and the too frequent use of marks of exclamation is decidedly disconcerting. On the whole, as is the way, unfortunately, with revisions of earlier books, the "Beginner's Psychology" is not as good as the "Primer," and one could wish that the author had not notified us that the latter will not be further revised.

JARED S. MOORE.

THE RELIEF OF PAIN BY MENTAL SUGGESTION. *By Loring W. Batten, A.B., Ph.D., S. T. D.* New York: Moffat, Yard & Co., 1917, $1.25 net, pp 157.

The first portion of this book is devoted to an interpretation, based upon modern advances in abnormal psychology, of the

healing miracles as described in the New Testament. Dr. Batten takes the logical stand, that most of the disorders there described, were functional neuroses and hence yielded rapidly to psychotherapy.

The remainder of the book is devoted to an account of his personal experience with psychotherapy, strong emphasis being laid upon the moral and religious elements.

Unfortunately Dr. Batten has not placed sufficient stress upon religion as a form of emotional sublimation in the psychoanalysis of the neuroses, a field in which Pfister has made a notable contribution. On the whole, however, the book is a most sound and instructive contribution to the moral and religious forces in psychotherapy.

ISADOR H. CORIAT.

NERVOUS CHILDREN. *By Beverley R. Tucker, M. D.* Boston: Richard G. Badger, 1916, $1.25, pp. 147.

The first four chapters of this book undertake to give a resume of the field of psychology and psycho-biology; then come Eugenics and sex-hygiene; and lastly there are five chapters treating of nerve and gland diseases, a little of their symptomatology, and very cursorily their nervous concomitants and treatment. It cannot be said that this large and interesting promise of the Table of Contents is very satisfactorily fulfilled.

The psychology is treated from a rather antiquated point of view, and the anatomy and physiology are described in a technical terminology which will surely be confusing and cryptic to that general public to which the book seems to be addressed. Very much is made of the Will and of Self-Control: the youth must learn "to wear the harness of Conventionality," and "Obedience is the Prime Law of Childhood." There is nothing on the guidance, expansion, and strengthening of the child's own natural interests and desires. The fundamental advance in this direction which has been made by modern educational methods is everywhere ignored in favor of the purely "disciplinary" attitude of the older thought. The mechanism of suppression, with its grave dangers and ardently sought antidotes, is overlooked, although rmearkably enough, the author professes to be in some degree a Freudian. As in too many books of the day, there is a generous sprinkling of platitudes, such as the recommendation that tasks be alloted in accordance with the nervous abilities of the child.

In the treatment of sex and eugenics the all-importance of the germ-plasm is certainly exaggerated; although it is true that the author also emphasizes the importance of careful sex-education, and deplores bad environmental influences. A fatuous picture is drawn of the cold-blooded, heartless progeny which are to be the fruit of purely eugenic marriages. A baby born out of wedlock, we are told, "might or might not inherit a sensual nature."

Finally, the synopsis of the basic diseases is dry and of doubtful utility. It is too slight for the initiated, and the uninitiated person who, on the strength of this synopsis, should do anything but call a doctor would be unfortunate indeed.

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WAR BULLETINS

The American Medical Editors' Association which is co-operating with the Surgeon General in issuing information to the medical profession sends to the Journal the following Bulletins:

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Secure an application blank at once; fill it out and present it to your nearest Examining Board. Do not live to regret that you did not have a part in your country's great struggle for democracy which means *Liberty*.

(2) To Officers of the Medical Reserve Corps U. S. Army Inactive List

Word received from the Surgeon General of the U. S. Army, conveys the information to officers of the Medical Reserve Corps of the United States Army, inactive list, that assignment to active duty may be delayed, and that they are advised to continue their civilian activities, pending receipt of orders. They will be given at least 15 days notice when services are required.

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ORIGINAL ARTICLES

SUGGESTIONS REGARDING A MODIFIED PSYCHO-ANALYSIS[1]

E. W. TAYLOR, M. D.

Hysterical Blindness

ON March 23, 1916, a woman of 23 was referred to the Neurological Department of the Massachusetts General Hospital from the Massachusetts Eye and Ear Infirmary with the simple statement "sudden blindness; fundi do not account for the blindness." The patient was led in by a man who proved to be her husband. He was somewhat timid in manner and apparently alarmed about the situation of his wife. The patient walked with an uncertain gait; her face was expressionless, due largely to the appearance of her eyes which showed absolutely no intelligence; she evidently was not conscious of her surroundings sufficiently to make it possible for her to walk unaided. Her whole appearance expressed extreme dejection and discouragement.

The story obtained from her and her husband at this and subsequent visits was essentially as follows: She had been well as a child; her appendix had been removed at sixteen without complications. She had been at High School for three years and did well in her studies. At seventeen she went to work as a clerk in a telephone ex-

[1] Presented at the Eighth Annual Meeting of the American Psychopathological Association, Boston, May 24, 1917

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change. At the end of six months she began to answer calls. She enjoyed the work and was well, happy and enthusiastic. At the end of two years she was promoted to the position of supervisor, then to chief operator. At this time she had, as she expressed it "sixty girls under her." Thereafter she became a long distance toll inspector. Later still she had charge of a telephone exchange at a large hotel. During all this period she felt a certain natural satisfaction in her success and was earning a considerable amount of money, for which she found use, among other things, in helping one of her sisters to secure an education. Her mother had had an apoplectic stroke two or three years before which somewhat complicated the family situation. In 1911 she had pain in her left ear with discharge and was operated on for mastoid disease three years later, in general with good result, but with persistent intermittent discharge.

During her period of activity in the telephone service she had had more than one offer of marriage, but had not considered them seriously owing to her extreme interest in her work and the independence which it brought her. Later, however, led apparently by a feeling of pity for some family misfortune which had happened to him, she married a man apparently of irreproachable character who felt himself able to support her irrespective of her own efforts. The result was that she at once gave up her work and began to keep house. Her husband naturally was away during the day and she developed a sense of extreme loneliness. Although not consciously unhappy, she felt dissatisfied and disliked the city in which she was forced to live. She became irritable, was easily annoyed and found it difficult to get on amicably with her husband and with her mother, who, however, did not live with her. She did not care for sewing, nor for domestic matters in general. She had no children, which was a distinct disappointment to her. A suggestion on her part that she should go back to work met with no encouragement from her husband. She became increasingly apprehensive and frightened. She dreaded the coming of each new day; the monotony of her life was depressing to her and her husband ceased to interest her although she still

had no word of reproach for him and was entirely loyal to the marriage relation. She stated, however, very definitely that she would under no circumstances have married had she realized what it had proved to be, at the same time expressing a determination to accept the situation for which she had only herself to blame.

In March 1915, following an attack of vertigo, possibly connected with her ear, she fell down stairs, striking the left side of her chest. She was lame and the skin was discolored, but she was not seriously hurt. Her statements varied as to her recovery from this somewhat trifling accident. At one time she made the statement that she was unconscious for a number of hours, at another that her vision was dimmed for two or three days On a later occasion while looking out the window, she saw a woman struck by falling snow. She became nauseated and vomited.

Vertigo again developed, objects "turned black" and she fell without hurting herself. It is doubtful whether she lost consciousness although the immediately subsequent events are not clear in her memory. Later she found herself in a chair and her husband was in the room, but she was totally blind. This occurred about three weeks before she presented herself at the hospital. It should also be said that following her mastoid operation and preceding the special events to which allusion has just been made, she had had occasional attacks of what she called "paralysis" coming on when she was under any special excitement. On these occasions her left leg "drew up," her fingers were clenched, and her head was drawn back over her left shoulder. There was also a somewhat vague statement that on occasions she had had loss of sight for a few hours. No evidence was obtained that this was associated with migraine.

The first examination made showed an entirely normal fundus with practically no vision except a slight capacity to distinguish light from dark. This had remained unchanged for a period of three weeks in spite of visits to various physicians who had not been able to relieve the situation. The pupils reacted to light, the knee jerks were active, there was no Babinski response. There was marked diminution of

sensation of the glove and stocking type. The sensation was also reduced in the left eyelid and over an area on the left shoulder and side of the neck. She stated that her eyes "felt hard, like stones." There was a slight internal squint on her second visit and at that time also the right knee jerk was rather more active than the left. Sensation of the hands had returned There was no Romberg sign. A still later examination gave the following normal results: Pupils equal, rather small, normal light and accommodative response. Fields (by rough test) and fundus normal. No nystagmus. Was able to follow fingers perfectly. Hearing; watch tick 4 inches, left, 1 foot, right, with positive Rinné test. Defect in left ear drum. Cranial nerves normal and tongue normal. The arms showed no ataxia; there was no disturbance of sensation or motion and the reflexes were normal. Dynamometer showed strength approximately three times as great on the right as on the left. The heart was negative, pulse 68, blood pressure 120 systolic, 75 diastolic. The liver was not enlarged and the abdomen was normal. The knee jerks were active, there was no ankle clonus, a normal Achilles response, the plantar reflex indefinite on account of ticklishness, the sense of position unimpaired. She had no difficulty in walking. There was no Romberg sign.

Restoration of sight was carried out at the hospital in the presence of a number of students. Improvement began almost immediately. On her second visit she was able to distinguish her hand, but could not count fingers. A day or two later she was able to distinguish persons easily and many objects and her face began to assume a normal expression. One week after admission to the hospital her eyesight was completely restored and the following day she was discharged with entire relief of her symptoms and with entirely adequate visual fields, her acuity of vision being such that she had no difficulty whatever in reading type of the newspaper size.

The treatment in this case consisted first in restoring the sight, which was accomplished with unexpected ease by rather crude methods of suggestion and explanation. It was

explained to her that she had not actually lost the capacity of seeing and she was encouraged day by day to recognize large objects, then to count the number of persons standing about, to distinguish their white coats, etc., all aided by electricity variously applied. This as stated was done in the presence of students and others. By these means her sight was entirely restored and with it a feeling of extreme satisfaction and well-being. The subsequent treatment, by far the more important, was not attempted at the hospital. Two or three conversations sufficed to bring out the main points in her life story which have already been hinted at in the history above and which may be summarized as follows:— It appeared that she was an extremely ambitious and capable girl who, judged by ordinary standards, and especially by her own, had been unusually successful in acquiring personal independence and a considerable income. Her pride was further satisfied in that she had attained a position in which she had charge of many other persons. Other thoughts than her individual development, especially the gratifying sense of power that she was able to help others of her family, had taken a prominent place in her mind. She was attractive in appearance and manner and flattering opportunities for marriage had presented themselves which she discarded because of her absorbing interest in her work and her failure to arouse in herself any feeling of regard for the men who offered themselves. This state of affairs was rather suddenly terminated by the appearance on the scene of the man who later became her husband. He forthwith appealed to her in a way which she was unable either to resist or explain although his position in life was far less advantageous than that of others who had gone before. She married him, gave up her cherished work at his somewhat natural demand and her disillusionment soon began. He proved to be an entirely faithful husband and according to his ideas, generous, but he was small-minded and developed a jealous attitude which limited still more her life and companionship. This jealousy showed itself not only in relation to other men in whom she at no time had the slightest interest, but also in relation to her work. She submitted without outward resistance and

accepted the situation with such equanimity as she could command although inwardly rebellious and consequently always repressed. She lived in a rather gloomy house, she was unadaptable, her loneliness and increasing realization of what she had given up was a constant source of chagrin. She recognized, however, that she alone was responsible for her marriage and had no intention of any illegitimate escape from this responsibility. The one thing which would have rendered her life endurable was denied her. She had no children. Under these conditions, her husband came very naturally to be regarded as the source of her misfortune. Her affection for him entirely ceased. She was unable to affect a workable compromise with the circumstances of her life, a situation which, as always, expressed itself in symptoms for which she did not consciously blame her husband although he became increasingly distasteful to her. Her marriage she regarded as a failure, a hasty step which she certainly would not have taken had she realized what the outcome would be. Out of this conscious, but even more unconscious trouble, she emerged blind on the occasion of a slight accident which she saw in the street, her husband being in the room at the time.

Without any attempt at a further analysis of the situation the underlying psychological mechanism was explained to her in language which she apparently had no difficulty in understanding. She recognized the reasonableness of this explanation even to the point that the blindness might well be regarded as a futile but at all events a temporarily successful attempt on the part of her consciousness to shut out permanently the real source of her unhappiness, namely her husband.

It is now nearly two years since her attack. During that period she has spent much of her time with her mother who had a lingering and trying illness as the outcome of an apoplectic stroke, and who died several months ago, nursed to the end by her daughter. She is now again with her husband, from whom she has at no time been permanently separated, and apart from considerable general nervousness and a continued sense of unfair and ungenerous treatment,

she is well. She has had absolutely no return of the blindness and her vision when last seen on January 17 was entirely normal by test type. An admonishing letter written her husband at the time of her attack of blindness resulted in a considerable modification of his attitude toward her, but he has remained unsympathetic and entirely inconsiderate. Her problem, therefore, remains unsettled and under existing social conditions apparently must remain so, but through completer understanding of the genesis of her difficulties of which the blindness was the crowning event, she has reached a definitely workable compromise.

Before attempting to justify this method of treatment, which to many will appear wholly superficial, the following cases are reported as bearing on the practical question.

Case 2. *Hysterical Brachial Monoplegia*: M. M. 22 years old, a probationer nurse at a hospital in a neighboring town, was brought to me by the superintendent of nurses at the institution because the patient had lost the use of her left arm. For two or three days she had noticed prickling sensations in the left hand. The day before she presented herself for examination, the whole hand and the arm to the elbow became numb and weak with some sense of soreness in the shoulder. She had no temperature and had not felt ill in any way, nor had her appetite or sleep suffered. She had had no hard work. On two occasions before her difficulty came on, she had for the first time attended a surgical clinic and was very much disturbed by the sight of blood and the circumstances connected with the operations. She had taken part in cleaning the operating room later.

The patient appeared unperturbed in manner and not anxious about herself or her condition. Her pupils and hearing were normal, and there was no disorder of the cranial nerves. The right arm showed no abnormality either in sensation or motion nor was there ataxia or astereognosis. The left arm was anesthetic. Beginning at the upper part of the upper arm the anesthesia increased downward to complete loss of sensation from a point about the middle of the forearm and including the hand. The arm was extremely ataxic. There were no perception of pain,

contact or temperature in the anesthetic area and she did not recognize objects placed in her hand. Her movements were very awkward. She had no power whatever in the left hand as tested by the dynamometer, with normal grasp in the right. There was no pain on pressure over the nerve trunks. The circulation was normal with a systolic blood pressure of 130. The knee jerks were normal. An attempt to use the anesthetic hand in an act such as buttoning was a complete failure. The diagnosis of hysteria was easily made from the distribution and character of the anesthesia and from the exaggerated loss of power.

A restoration both of the motor and sensory loss was quickly effected primarily by the use of faradism in strong currents which she quickly felt. With the return of sensation the power to coordinate her hand movements also returned together with her strength. In a short time she was able to use the hand normally. The further treatment and again the more important consisted in a simple explanation of the mechanism of hysterical disturbances of this type. It was pointed out that undoubtedly her hand had come into contact with various objects such as blood-stained dressings which she handled as she was obliged to do in the performance of her duty, but which, nevertheless, left a distinctly painful impression upon her mind. Of such supposed facts she was not personally conscious, but believed that such a state of affairs probably existed. It was pointed out to her that under these circumstances, although her consciousness took no cognizance of the fact, the anesthesia and loss of power in the hand was doubtless a protest against this sort of work, taking place subconsciously. The explanation was apparently effective. A letter written about two weeks later from the superintendent of nurses reads as follows: "Miss M. since her visit to your office, has been quite free from the difficulty which you found that day. At one time she complained of not being able to sleep and had about the same condition of the arm, but it cleared up quickly and she had no return." My impression is that she was later found unfitted temperamentally for the work of a nurse and gave up her training. Her subsequent history is not known to me.

Case 3. *Astasia-abasia.* B. W. a girl of 15 was seen March 30, 1916. She had been under treatment by her physician for about six months for anemia. She had improved under the usual treatment. Recently she had had an attack of influenza with follicular tonsillitis for which she was confined to bed for ten days. There was also some suspicion of appendix inflammation. During her illness she was somewhat unsteady in gait, supposedly from general weakness induced by her fever. When she was able to be about again she could not walk properly. She had some pain behind the knees, and in the arms. There was no numbness and she complained of slight "prickly" sensations. She said that her knees shook and gave way under her, and that she had fallen two or three times without injuring herself. She had had much dysmenorrhea. It was further elicited that she had been unable to go to school for two years on account of various illnesses. This had undoubtedly been a great disappointment to her. On one occasion, when starting for school she found herself unable to walk and had to be cared for. On further questioning it appeared that she had had so-called fainting attacks for several years. On one of these occasions she had been left alone with a small child of two. Her mother was late in returning. It grew dark and she went into the kitchen with the intention of lighting the gas. As she was doing so she felt dizzy and was found by her mother some time later unconscious on the floor. Her dress was burned in various places along the front and there was a smell of burning cloth. She had succeeded in lighting the gas and had apparently fallen on the match. Exactly how she was burned was not apparent, but she felt that she had had a very narrow escape and forthwith became morbidly terrified with the idea of fire. She dreamed about it, awoke terrified and it assumed almost obsessional character. She then thought what a dreadful thing it would be if in case of fire, her legs should give out and she should become unable to walk. This feeling had been very persistent though not often an expressed idea with her. As stated above, since her last illness, she had been totally unable to walk properly and in her attempts to

do so has fallen on several occasions. She was physically a well developed girl, both in appearance and manner of speaking, appearing older than she actually was. She was perfectly self-contained and composed in manner, but showed a little anxiety at the sight of medical instruments. The right pupil was slightly larger than the left, but both in reaction to light and on accommodation were normal. The fields were not narrowed and the fundus was normal. There was no nystagmus. She had no defect of hearing. The tongue was slightly coated, the tonsils rather large and boggy. There was no anesthesia about the face, nor were the cranial nerves in any way involved. The arms showed no ataxia nor anesthesia. The strength was adequate, pulse 108, systolic pressure 130, heart normal. The knee jerks were active. The Achilles jerks were present and active, there was no ankle clonus and no Babinski response. The sciatic nerves were not tender on pressure and there was no anesthesia of the legs or feet. When sitting she was able to make all movements with her feet and legs in entirely normal fashion, but was utterly unable to stand alone. When attempting to do so she reeled in various directions, and apparently had no power whatever of co-ordination. Her attempts to walk were equally impossible. With a great deal of support she dragged herself about, shuffling her feet and taking no proper steps. When, however, she was placed against a support at the back with her hands on a chair on either side, she was able to make co-ordinated stepping movements.

Without attempting any special analysis of this case it is sufficiently apparent that her astasia-abasia was due to a series of ideas associated with her accident and consequent fear of fire. The dissociation of this particular complex had been effectually established and stimulated by the natural weakness of her febrile illness, had asserted itself as a definite disturbance of gait which persisted after her recovery from this illness.

Here again a simple explanation of the situation suited to the girl's understanding resulted in an immediate marked improvement in her condition and a recovery of normal

locomotion within two days. About a year and a half afterward she was reported as well and with no return of her incapacity.

The foregoing cases are not reported for their rarity;—they represent merely well defined types of hysterical conversions—but rather to draw attention to certain very practical details of psychotherapeutic procedure. There is no question that psychotherapy has finally been accepted as a legitimate, useful and often indispensable therapuetic measure. The term has found its way into text-books and has taken its place with the traditional methods of medical treatment. There it will doubtless remain, but it is still far from having obtained anything like its due recognition as a method worthy of general adoption by unspecialized practitioners. How it should be used as a scientific and rational means of attaining certain ends is still almost wholly undetermined in the general medical mind.

It is my purpose very briefly to point out certain difficulties in the way of its general adoption which are perhaps worthy of more attention than they have yet received. In the development of any therapeutic procedure which lays claim to general acceptance, it is obvious that two tendencies must always be in evidence, first research and the establishment of principles and secondly, the application of those principles in a way which will be understandable and which will appeal to the common sense judgment of the ordinary man. Out of the confusion of conflicting opinions must finally be evolved methods which are simple of employment in the hands of persons of ordinary medical intelligence. If, therefore, rational psychotherapy is to be widely accepted, it must present methods which are workable and which are fruitful in results. Research and the establishment of principles are going on apace. Regarding this aspect of the subject we need have no concern. The controversial tendencies of the pioneers, futile as they may appear, are at at least an indication of the vitality of the discussion and should not, therefore, be too much condemned. More important for those who are attempting to practice and especially to teach a rational psychotherapy is the recognition

of the principles from whatsoever source derived, which have up to this time resulted from the heat of the discussion, without undue insistence on differences of opinion or terminology.

It will, no doubt, be generally acknowledged that the influence of the newer ideas, associated particularly with the analytical principle has been fundamentally important in the interpretation of symptoms, nor is it open to doubt that even the skeptics and active opponents of the psychoanalytical method are distinctly affected by its permeating influence in spite of their protestations. There is a very definite appeal to commonsense in the term "psychoanalysis" and in the interests of progress it should, so far as possible, be divested of the controversial atmosphere which surrounds it and impairs its usefulness. The term "evolution" will always be associated with the name of Darwin, as psychoanalysis will be with that of Freud, but in the one case as in the other, both terms are of too far-reaching significance to be circumscribed by the theories of their originators. We are too apt to think that if we consider ourselves psychoanalysists we are thereby bound to the exact method which brought the term into prominence. It is regarded as heretical and retrograde to depart from the doctrine which has been scrupulously outlined as the one correct method of procedure. This attitude will not help the general cause.

It seems altogether unlikely, and in fact undesirable that psychoanalysis as understood, by its chief promulgators will ever have a universal application for the following somewhat obvious reasons. First the technic is too elaborate to be practically useful except in relatively few selected cases. Secondly, there is distinct danger to the welfare of the patient unless the analysis is carried to its conclusion which is frequently impossible and thirdly, even if this were possible, it is often not necessary or even desirable. I am quite aware that to use the term psychoanalysis in any other sense than that which Freud and his immediate followers have established will meet with distinct opposition. Nevertheless modifications must be made in the interest of a broader, practical therapeutic outlook.

To meet this difficulty I have elsewhere suggested the use of the term "partial or incomplete psychoanalysis or perhaps better "modified psychoanalysis," by which is meant simply an application of the general principles in modified form to meet the requirements of individual cases. A rational therapeutic attempt demands above all things that we should not leave our patient in a worse condition than we found him. He may not be improved; this is a common experience and deserving of no reproach if our effort is sincere, but we should certainly guard as far as may be against complicating still further an already complicated situation. My impression is that the "complete psychotherapist," if I may so call him, not infrequently finds himself in this dilemma through his too blind adherence to the rule of thumb method. He lacks imagination, a dangerous failing in one who deals with the subtleties of the human mind.

The compromise I have to suggest lays no claim to originality. It is rather an appeal to commonsense and it has at least some value since it seems to work. Why may we not accept in a general way the psychoanalytical view point, the doctrines of repression, conflict, compromise, censor, regression, infantile fixation and any or all of the other useful concepts, but so modify the technique of their application that we may escape the pitfalls of transference and the time-consuming method of free association. Such a taking-and-leaving plan will not find favor with the orthodox, nor do I maintain that it should supercede the elaborated technique. What value it may have lies in the fact that it has a far wider applicability and is beset with few of the dangers of the complete method.

Following out this idea, it has been my custom often at a first and certainly at the second interview, to take the patient into my confidence by explaining exactly what I intend to do and the methods by which it is to be accomplished—in other words, forthwith to make the patient a participant in his own treatment. All mystery is laid aside, the reclining chair, the hypnoidal attitude of mind, and all the methods designed to arouse dormant memories through

free association are abolished in the interests of candor and immediate explanation. For somewhat theatrical methods are substituted a plain statement of the patient's difficulties and an equally plain statement modified to meet his grade of intelligence of the theory of subconscious activities, of repression, conflict, compromise and the like and particularly of the mechanism of the genesis of symptoms.

It is a safe assumption that the first principle of successful teaching is the exciting of interest in the subject taught. Since mental therapy is a form of teaching, it is desirable that the patient should be made to feel an interest in the method as well as in the results. Something is doubtless lost or obscured in such a short-cut to self revelation, but in very many cases results, and I believe permanent results, are secured and much more quickly than by more orthodox methods of analysis. In each of the cases which form the basis of this communication, the treatment attempted was direct and immediate results of value were obtained. It may be said that the symptoms in these cases will return in the same or other forms and that merely the surface of the fundamental underlying disorder was touched. In one sense this is doubtless true, but the value of the treatment is not compromised by this fact, nor can it be definitely said that a further research would necessarily have led to the betterment of their condition. The danger of delving too deeply for causes may well be fraught with more harm than not delving deeply enough. This point has often been discussed and unanimity of opinion is not likely soon to be attained. My only present contention is that it is our duty to make the far-reaching principles of the newer psychological methods as universally applicable as possible and to accomplish this it is essential that they should be made usable under the conditions which actually confront us in dealing with our patients. This is worth striving for, even at the risk of being charged with superficiality.

THE ROLE OF THE EMOTIONS IN THE GENESIS OF INSANITIES
AND
INSANITY FROM THE STANDPOINT OF EVOLUTION

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INTRODUCTION

EVERY philosopher, from Thales to Bergson, has sought to explain the oneness of things. Psychology, as the daughter of metaphysics, nurtured in the ancient cradle, followed the beaten path and labored with similar effort. But when experimental knowledge began to crowd out deductive speculation and linear thinking replaced circular reasoning, positive science came into its own. The principle of evolution which began to dominate science aided in this change. Abnormal psychology, too, followed the new trend, but, unfortunately, the old tendency to seek final causes, intellectual monism, is evident in much of the present day studies of psychopathology.

The Freudian theory is an excellent illustration of this tendency. Taking a powerful, all-dominating instinct, Freud and his followers built a system around it and sought to reduce all abnormal psychical manifestations to it. Having grasped one single truth they tried to prove that it is the whole truth. Another writer[1], seizing upon another all-powerful instinct, sought in fear the root of all pathological mental processes. And thus it goes on endlessly. Each one seems to think that this or that powerful influence is dominant and forgets that other influences also exist, or else tries to subordinate all to one. But while it is right to trace neuroses and psychoses to disturbance in primary instincts and their emotions it must be borne in mind that

[1] Boris Sidis, The Causation and Treatment of Psychopathic Diseases.

there are others aside from those of fear and reproduction. Normal psychology, with the advent of physiological psychology, has made great strides in recent years; it is the object of this paper to point out how abnormal psychology may be brought abreast of those advances. We shall not attempt so much to present novel views but rather facts previously gathered pointing to a newer conception. In the attempt to clarify the notion of insanity it shall be our aim to show that the notion as an entity has no foundation either in normal or abnormal psychology. Just as normal psychology has discarded the idea of mental faculties so abnormal psychology must discard the idea of insanity as an entity. Just as we have come to see that there is no memory but memories, no judgment but judgments, no will but wills, no intellect but intelligences, no consciousness but states of consciousness; so we have no entity of insanity but insanities. It is not the desire to quarrel with the classification of insanity. For clinical purposes, as temporary makeshifts, we may employ the various classifications, but fundamentally it must be maintained that insanity is not an entity. There is no insanity only little bits of insanities. It will further be shown that all the symptoms of insanity can be analyzed and reduced to terms of the simplest primary emotions. All the psychical manifestations of the abnormal mind whether of the affective or organic psychoses, or of the psychopathological states of the so-called neuroses, will be shown to have their root in the disturbance of balance which normally exists between the primary elementary emotions.

The second half of this paper will be devoted to the discussion of insanity as a step in evolution. We consider the insanities not in the same class of diseases as pneumonia or typhoid,[2] but as a distinct affection of the species. In the scheme of evolution insanity serves a distinct and very necessary function. It will be maintained that insanity is the direct result of the constant struggle observed throughout nature between the individual and the species. We shall not ignore the fact that the organic insanities are the direct result of anatomico-pathological states comparable

[2] Bernard Hart, The Psychology of Insanity.

to a typhoid or pneumonia. Without trying to break a lance in complete defense of psycho-physical parallelism it will be made use of in the explanation of the paradox which the affective and organic psychoses present.

If, as can be proved, the workings of the insane mind are the same as those of the sane, then it becomes obvious that from the standpoint of the psychology of the individual, normal or abnormal, there is no such thing as insanity. We shall be compelled to look elsewhere for a consideration of the disease. It is a disease of and in the social organism. It is a disease of the individual resulting from his struggle with species. It is an evolutionary process for the elimination of the unfit in the struggle for existence. It is a necessary social disease, a true disease of the species. The criterion must be sought in the species. And just as in the process of evolution criteria change so do the conceptions of insanities change. But underlying them all is conflict—the everlasting struggle for the survival of the fittest. We shall attempt to show, therefore, that all symptoms of the insanities, of the abnormal workings of the conscious and unconscious mind, can be reduced to terms of loss or disturbance of the normal balance existing between the primary emotions, and that this loss or disturbance called insanity is the direct result of the struggle between the individual and the species.

The Emotions and Insanities

Many psychologists and most psychiatrists speak indiscriminately of the instincts and emotions, and some there are who add the sentiments if not the "temperaments," often employing one term for another and not infrequently confusing them.[3] McDougall[4] has rendered an invaluable service to psychology by classifying the primary instincts and emotions, general innate tendencies and secondary emotions, and defining exactly the different sentiments. On the latter he quotes Mr. Shand[5] who has given scientific

[3]Even so great a psychologist as James has enumerated some twenty-five instincts and has included habits and sentiments among them. William James, The Principles of Psychology, Vol. II.

[4]William McDougall, Social Psychology, 9th Ed.

[5]A. F. Shand, Character and the Emotions, Mind N. S. Vol. V.

precision to them and classified them as distinct entities formed of, but different from the emotions. McDougall defines an instinct as a psycho-physical tendency to act or to show an impulse to act in a certain way, irrespective of previous experience, that is from an inherited (phylogenetic) disposition; and an emotion as the affective tone accompanying the instinct. Each instinct has its accompanying emotional tone. A sentiment is a group of emotions centered about an object and forming a complex. In this paper the terms instincts, emotions and sentiments will be used in the light of the above definitions. We will also follow his classification of the primary emotions, secondary innate tendencies and sentiments.

Consciousness is another subject concerning which there is some confusion. In the mind of many there still lurks the metaphysical, religious notion of the soul or something extraneous which acts as a sort of subjective correlator of the psychical functions. Feeling that a clear notion of consciousness is extremely essential for the understanding of insanity, we will without going into an historical or critical discussion of the subject briefly set forth and analyze our view.

Consciousness is a growth; it is the result of the upbuildings of the various elemental functions of the mind into complex, coordinated manifestations. It is not a thing by itself added onto the psychic functions, but is called into being by the completion of a psychical process which can exist for itself. Before there can be awareness to any mental process there must be an emotional tone, however faint, added to it, which is capable of bringing it to a focus. But the possibility of the mental process becoming conscious is inherent in the very process itself. The construction of a building furnishes an illustration. To build a structure are needed bricks, iron, steel, wood, mortar, tin, glass, stone, copper, paint, etc. Taken separately, incoordinated, they make a mere heap of different substances, but as the steel, rocks, bricks, etc., are put together we see as if by a slow growth the building taking shape. Finally a complete structure rises out of the heap. Now, there is nothing in the house which was not before in the heap, and yet we have

a complete structure in the one and confusion in the other. So with consciousness. The various ideas, sensations, perceptions, images, memories, etc., are the different substances, which can only become conscious when they are built, organized into structures. But a plan is needed to evolve a building out of its component parts; even so is it with the elemental psychic processes. Herein, however, lies the one difference between the two. Where in the inanimate structure an extraneous force is needed to bring arrangement out of chaos, in the mind the inherent tendency to directed growth of all the elements, the conative tendency of all mental processes, the innate tendency of any psychic manifestation to adopt a feeling tone, all combine to build a conscious structure. Not only that, but the organic evolutionary tendency to growth from the simple to the complex, which is transmitted from generation to generation, furnishes practically complete the ability of evolving conscious psychic structures out of the elementary psychic processes. The plan is inherent in the protoplasm. In short consciousness is nothing but the completed structure of any psychical process.

Every new impression or sensation or idea has an inherent tendency to attach itself to a previous sensation, etc., to complete a system, or to form a nucleus around which other impressions will cluster.[6] All these clusters are usually coordinated and form in time a complete psychical make-up. But there is ever going on a struggle for survival between the various clusters. An emotional tone usually determines whether and how long a cluster shall live. A disturbance in the emotional tones or intensification of the one at the expense of the other may disrupt the harmony which normally exists between the clusters and cause various psychical abnormalities. So also ideas, images, sensations, perceptions, memories, etc., struggle for an existence in the psyche. They would be lost were it not for the feeling tone which attaches to them. The chance of their survival is in direct proportion to the intensity of the feeling tone, those of a painful tone usually having a greater chance to survive. In the struggle for their existence chaos often results. The

[6]Morton Prince, The Unconscious: etc.

success of the emotions whose individual existence is contrary to the welfare of the individual or inharmonious with his character results in a disturbance of his psychical system.

Rhythm is considered as a basic universal trait. It characterizes all organic and inorganic structures, all animate and inanimate objects. Rhythm explains the phylogenetic development of many obscure phenomena. The beating of the heart, the presence of a vagotonic and sympathicotonic system in the body, inhibition and stimulation, all can be traced to the primary influence of rhythm. Everywhere this balance is to be observed. In the workings of the mind, too, one can observe this oscillation, this balance, this rhythm. All our instincts and our accompanying emotions, all the sentiments are thus formed, and exist in such a way as to balance one another. Without this balance there could be no stable psychical existence. Every emotion has its opposing emotion, every sentiment its opposing sentiment. Disturb this balance and you disturb the psychical process. In common parlance the mind becomes "lopsided." "The Me," according to Ribot[7] "is made up of opposite tendencies . . . (which) . . . tend to equilibrate one another."

Generally, ideas either reinforce or antagonize one another; the same is true of emotions, sentiments, percepts, concepts, judgments, etc. When there is suppression of one side or want of balance between the opposing emotions, etc., there can be neither antagonism nor reinforcement, so that there is manifested the absence of one psychical process or the exaggeration of another. A pathological process is the result. And just as our so-called faculties, grouping of emotions, sentiments, etc., do not develop evenly in the normal person so in the pathological processes they do not deteriorate or are thrown out of balance in an even way. This explains the grouping of symptoms, their manifestation, and points to an explanation of their causation; that is, the inherent weakness of some causes them to be easier thrown out of balance.

All mental symptoms in psychopathic states can be shown to be the protrusion into consciousness of unbalanced

[7]Th. Ribot, Diseases of Personality. Humbold Library Series.

primary emotions or sentiments. The cleavage in the case of insanities is always along the lines of the primary emotions. Insanity, therefore, is a reversal to unbalanced primary instincts and their emotions and sentiments and shows the want of balance or coordination. The primitive emotions seek expression (and get it objectively) by means of their conative tendency, only there are no opposing emotions to balance them. Thus, the delusion of sin and self-accusation in melancholia brings out the instinct of self-abasement and the negative emotion of subjection without at the same time bringing to the surface the opposite instinct of self-assertion and the positive emotion of elation. The reverse holds true in the case of the delusion of grandeur. The delusion of persecution may bring out the emotion of fear, without its opposing emotion of anger, and result in cowering, or bring out anger combined with self-assertion, unopposed by fear and subjection and result in positive, active persecutory delusions of the paranoiac.

All instincts and their accompanying emotions may come into play at one time or another. Sexual jealousy which consists of the instinct of reproduction plus pugnacity may be allowed to go rampant. Depression and exaltation show the obtrusion of the emotions of subjection and elation unopposed by the instincts of self-assertion and self-abasement. Furor brings out the instinct of pugnacity and the emotion of anger without its balancing instinct of flight and emotion of fear. The instinct of curiosity and emotion of wonder may be unopposed by the instinct of flight and emotion of fear; so may the unequilibrated instinct of repulsion and the emotion of disgust dominate the field. The phobias are instances of an opposite state of affairs. The production of pathological symptoms in hysteria through sympathy, or the identification with others, is rooted in the primary instinct of imitation which is unbalanced by the instinct of self-assertion. One or more emotions may be systematized and formed into a complex, which is indeed the case with many delusions. In all delusions it will be noticed the self is the dominant factor, and everything exists in relation to it.

When the hysteric suddenly veers from laughter to weeping, from modesty to brazenness, from love to hatred,

from enthusiasm to apathy, from shyness to rage, we see the sudden loss of balance between the primary emotions and the sharp transfer of affective states from one extrzme to another. While in normal conditions this shifting of balance needs weighty affective reasons, in persons in whom there is an extremely precarious balance of emotions it may occur upon very slight provocation. Indeed, what seems a reaction altogether out of proportion to the stimulus is in those with weak balance an accurate representation of the acutely oscillatory state in which their emotions perpetually exist.

Disruption or disturbance of balance may take place in the higher psychical processes, provided the cleavage is along emotional strata. "The inherent affective states of the individual," says Ribot,[8] "determine the choice which the will is to make." Even dissociation of personality takes place between clusters that center around the emotions and sentiments. But as our emotions are better organized than our higher psychic processes, in order that a real disturbance of personality occur it must be in the sphere of the emotions. Where the disruption takes place in the higher centers alone, we have no insanity as yet. A dissociation in speech, a motor or sensory aphasia, or an amnesia is not yet an insanity.[9] It is simply a disturbance of symbols. But where the disturbance affects the emotions centering around speech or hearing or sight then we have hallucinations and delusions, and insanity. It has been said above that consciousness is the completed structure of any psychical process, and that insanity is a disturbance in the normal balance of the emotions which go to make up psychical processes. It follows, therefore, that in insanities there is not only a disturbance in the emotions but in the conscious states formed of and around them. This disturbance in consciousness need not however be complete in order to result in an insane state. Little bits of consciousness may be disrupted and little bits of insanities result. And to go back to our homely analogy of a building, only a window here, a door there, or a wall in another place may be knocked out;

[8] Th. Ribot, Diseases of the Will.
[9] Th. Ribot, Diseases of Memory.

so in insanities an emotion here, a sentiment there, a memory grouped around an emotion in another place may be destroyed or unbalanced, and we have an explanation for the queer manifestation or grouping of symptoms. It happens too that repairs take place or that the building is slowly undermined or is altogether gutted and then we have recovery or slow deterioration or complete dementia. In imbecility there is lack of development or abolition of the different elementary brain functions preventing the formation of higher psychic processes and their attendant conscious states. Occasionally, besides the weakening, there is also a disturbance of the equilibrium of the rudimentary or residual psychic processes and the result is flickering or sparkling of primary emotions.

Without having analyzed every symptom which may arise in the insanities, enough has been said to show that it could be done along the lines of the emotions and sentiments and their various groupings. But while it may be conceded that the analysis holds true for the affective psychoses and the psychoneuroses exception may be taken to the explanation when it comes to the organic psychoses. There is however sufficient ground for believing that even those psychoses which cannot be explained anatomically have an organic basis behind them. Further, many psychologists postulate a physical process behind every psychical one. Memory has been defined as "the establishment of certain modifications of nerve elements and dynamic associations etc."[10] Recent work on the emotions[11] has shown the reciprocal effect of psychic processes on the organic bodily functions, particularly with reference to the internal secretions, and vice versa. Crile has also shown that actual anatomico-pathological conditions result in the brain, following severe emotional shock. It has been noted also that even in organic psychoses there is disintegration along the lines of emotion and sentiment as developed by heredity, environment and education.[12] An explanation has been offered of hallucination as a "dissociation of the peripheral (physical, psychic or somatic) sensations from the sensory-

[10] Th. Ribot, Diseases of Memory.
[11] Crile and Cannon.
[12] Tanzi, Text Book of Mental Diseases.

motor or ideo-motor content[13]" and that this dissociation also involves the emotions. Finally, we may leave to the physiology and pathology the explanation which psychology hopes to but cannot offer.

Thus far we have tried to show that there is no insanity but states of insanity, that insanities differ from normal psychical processes only in degree and not in form, and that the symptoms are directly traceable to disturbances in the normal balance of the emotions, etc., and their accompanying conscious states. In the second half of this paper it will be shown how the normal primary states (with one great exception) serve for the preservation of the individual and that disturbance in the emotions involves a further disturbance of relation, that of individual to the species. Viewed in this light any severe disturbance to the primary innate psychophysical tendencies and their affective tones assumes great importance and is fraught with danger not only to the individual but also to the species.

The Evolutionary Struggle and Insanities

Among all gregarious animals a constant struggle may be observed to be going on between the individual and the species. The individual is intensely interested in his own welfare; the species is interested in him only in so far as he furthers its purposes. Once that aim is accomplished, the species loses all interest in him and becomes indifferent to his existence. Indeed there are instances where, as soon as the individual has accomplished his purpose of propagating the race, he is actually destroyed.[14] Where higher psychic life is developed there arises inevitable conflict out of these two opposing tendencies. In this conflict it has been observed that the individual is usually the vanquished and the species the victor. The former is ever impotent before the overpowering current of the latter.

A few of the lower and many of the higher animals bestow tender care on their young until they are able to reproduce their kind. The whole social organism seems to

[13] Sidis, Symptomatology, Psychognosis and Diagnosis of Psychopathic Diseases.
[14] Maurice Maeterlinck has beautifully described this in The Life of the Bee.

be interested in the bringing forth and the rearing of its young. The ceremonies attendant upon the mundane debut of the human animal furnish a social instance of biologic significance. The one that undertakes a conflict starts out upon an unequal struggle which must ultimately end in his defeat or submergence. There are instances, it is true, where the individual gains the upper hand and even puts his stamp on the organism of which he is a part, but in the end it is always the same: he does nothing but serve the purpose of the species. Those types of reactions in an individual which best serve the welfare of the species have the greatest chance to survive. "The process going on in the satisfactorily developed gregarious animal is the moulding of the varied reactions of the individual into functions beneficial to him only indirectly through the welfare of the new unit—the herd."[15]

This struggle, which in lower species results in the complete submergence of the individual, in the human species often results in temporary submergence: insanities. That conflict is a cause of insanity has been amply recognized by abnormal psychology; what has not been so clearly recognized is that this conflict has its roots in biologic existence, in the evolutionary struggle for the preservation of the species. In the human mind this conflict takes place in the various psychic spheres, and in order to lead to disruption ultimately involves the lowest, primary, best organized psychic elements—the instincts and their emotions.

Nutrition and all that goes with it (growth, etc.,) mainly subserve the preservation of the individual, reproduction that of the preservation of the species. In gregarious animals, more particularly man, most of the primary instincts and emotions serve directly the welfare of the individual, while the higher psychical processes, the sentiments with moral, ethical values bear the stamp of the relation of the individual to the social organism, and mainly serve the existence and perpetuation of the species. The higher psychic processes are more elastic and permit of greater adaptation, of interaction between individual and individual and promote the welfare of the group. But the

[15] Trotter, The Herd Instinct. Two essays in the Sociological Review, 1908 and 1909.

lower, primary emotions are more highly organized; they are more intense, more centered around the ego, the unit of the species. Conflict must of necessity result between the instincts for the preservation of the individual and those for the preservation of the race. In the conflicts of an individual we often see the ruin of the contending forces, with the greater destruction of the higher, but weaker, less organized psychic elements. There is utter confusion in the disorganized ranks and each combatant wanders aimlessly. Owing to the loss of effective balance each separate emotion tries to fight its own battle, attracts certain forces to itself, but in the end remains an aimless straggler going to its own destruction. And finally, this want of equilibration between the emotions undermines all higher psychic processes.

The inherent instability in one's emotions predispose him to conflict and when an individual has undertaken the struggle and been unequal to the task he suffers disarrangement in the balance of his emotions; which means defeat. And this is what actually happens in insanity. But not only is elimination from the contest the ultimate result of dementia, but the destructive and self-destructive tendency of the insane is the direct result of the inevitable tendency to destruction of any emotion which is not balanced by its opposing emotion. Each emotion trying to preserve its own existence loses touch with the other emotions and undermines the individual in his relation with the group. *Insanity*, therefore, *is nature's way of trying to kill off the gregariously unfit.* "Whom the gods want to destroy they first make mad."

Before proceeding further with this exposition it may be necessary for the sake of clearness to point out two things. First, the term evolution is used in the broad (or limited?) natural philosophical sense of the survival of the fittest and does not include variation, etc., and second, that the reference to lower animals is made only by way of analogy, to show the biological significance of conflict. When we speak of psychic conflict, we realize, of course, the meager evidence there is for supposing its existence in lower gregarious animals. But the varied reactions between the individual and the group, which are observed, lead to the belief that in the highest gregarious animal—man—the conscious or un-

conscious struggle for existence bears close biologic resemblance. If that is conceded, then we may speak of the social body in terms of species and of the conflict in terms of evolution. Then we may speak of the sentiments and other higher psychic processes which are peculiar to man as evolutionary steps, and of insanities as a high evolutionary process.

Sympathy, while not a primary emotion, is an inherent tendency in an individual which bears particular relation to the welfare of the species. The feeling and tendency to act when others are in need or danger is not due to cold calculation as to the possible benefits to the individual remotely likely to accrue from the act. It really promotes the welfare of the species; and it is noteworthy that in the insane true sympathy is rarely found or ever intensified. Insanity being the result of the struggle between the individual and the group, any emotion likely to promote the welfare of the latter finds no room in one struggling for the supremacy of the self. In the case of the insane, quite the contrary, only those emotions which speak for the ego, and if unopposed lead to the destruction of others or blindly to the destruction of the self, only such emotions find powerful expression. Everybody, everything is against the ego, therefore they must be destroyed. That this destructive tendency often reacts on the individual is either incidental or the inevitable result to escape the conflict; but the aim in the latter case is to strengthen the individual, only the result of the blind attempt is destruction.

The reason why sex plays such an important part in insanities and, according to psychanalysts, the main one in psychoneuroses, is that on the field of reproduction is the struggle between the individual and the species acutest. As the sexual instinct is primarily for the preservation of the race, it is also the point of cleavage between the individual and the species. Instinctively the individual feels that his existence is endangered by the possibility of his being replaced. The result of the conflict on the field of reproduction is shown not only by the frequency of the neuroses but also of the psychoses which take place at puberty, pregnancy, parturition, lactation, involution. The conflict however is not only one centered around custom,

habit, environment, education, social morality, etc., but one which is deeply rooted in the individual and the species.

During the conflict the individual often loses touch with the group to which he belongs. In many cases of insanity, particularly dementia praecox, there is a loss of adaptation to reality with the consequent construction of subjective, phantasmagoric structures. Now the emotions remain purely subjective, unless they find balanced expression in objectivism (reality). In the normal individual the emotion always find objective expression. As soon as the struggle with the environment is too great for the individual he gives up the attempt and the result is either disintegration or the reconstruction of the subjective world without reference to objective reality. In this reconstruction the individual emotions are often obtruded into consciousness so unequilibrated as to result in states of the individual which are in perpetual conflict with his social organism.

This anti-social characteristic of lunacy has long ago been remarked. Take away this characteristic and the most accepted criterion of insanity disappears.[16] This is also evident in the varied conceptions which are prevalent in societies at different stages of development, and the changes which are brought about in the ascent. In old societies custom is extremely rigid and the individual is practically enslaved to the group. Nevertheless insanities are by far less common than in civilized communities. We may venture two main explanations: First, the rigid group influence to which the individual is subjected almost from birth is so strong that it permits of the development in him of little that is not in accord with the group, and second, the individual is in no position to undertake a conflict. To do so means death- no compromise. Whereas, in order that insanity may develop, it is necessary that the social group be sufficiently organized to resist assault by the individual and yet sufficiently lax to permit or even invite it.

In the similarity which has been discovered between the criminal, the genius and the insane one fundamental difference seems to have been overlooked. This difference lies not so much in the method of conflict which has been ob-

[16] Bernard Hart, The Psychology of Insanity, and A Philosophy of Insanity; Journal of Mental Sciences, July 1908.

served to be common to all, but in the result. In each case the individual stands up against the social organism, but where insanity is a defensive reaction wherein the individual is destroyed, criminality and genius are offensive reactions. We will not enter into subjects of criminality which is so intimately connected with our economic system and which many sociologists hold to be wholly responsible for it. Besides, the tendency of looking at the insane as criminal has been reversed to that of looking upon the criminal as insane. Between genius and insanity, however, there is a complete similarity with one very fundamental distinction.

Both the insane and the genius are the result of the struggle of the individual with the group, but whereas the former is the individual vanquished in the struggle with the species, *genius is the individual triumphant in the struggle with the species.* The genius who has been triumphant for a time often loses out by becoming insane, and he is further eliminated in that he is rarely perpetuated in the offspring. Having once been beaten the species absorbs the powers of the individual and disseminates them among its components. Evolution while it is an ascending process is at the same time a levelling one.

In conclusion we wish to point out that *insanity is the tribute society is compelled to pay to the individual for having levied on his ego for the formation of a social organism.* The individual who persists in giving battle but is unequal to the task must eventually succumb. And while it is right that the species should and does win over the individual, the fact must not be lost sight of that there is a struggle. The present day tendency to force the individual to lose himself completely in the social group is fraught with great dangers. The conflict aroused in the conscious and unconscious psychical processes is apt to tear out some of the primary emotions root and branch and lead to various psychical abnormalities. The human mind must be given sufficient individual latitude and not be altogether submerged in the group. The natural tendency toward elimination of the individuals who are unfit to adapt themselves in the struggle with the species is sufficient for the purpose. It is not necessary to accelerate or intensify the process by artificial levies on individuality.

SOME CURRENT MISCONCEPTIONS OF PSYCHOANALYSIS

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SUCH criticism of the Freudian psychology as that advanced by Professor Woodworth in the August, 1917, issue of *The Journal of Abnormal Psychology* deserves more serious consideration than that accorded to the majority of criticisms directed against psychoanalysis. Professor Woodworth, by virtue of his eminence and position, may be assumed to know whereof he speaks and to have given scientific consideration to his thoughts on the subject before sending them out to enlighten the multitude and confound the scribes. It will therefore not do to dismiss his paper with a contemptuous wave of the hand or an indifferent shrug of the shoulders. If his facts are facts and if, as such, they conflict with the psychoanalytic theory, if his arguments are sound and his criticisms just, the Freudian psychology must be materially modified or altogether relegated to the dust-heap of error. In the following consideration of Professor Woodworth's remarks no attempt at a systematic contribution to the subject will be undertaken, and only such of his criticisms will be subjected to comment as seem material to the issues involved.

To begin with, Professor Woodworth expressly protests his right to present evidence in the case no matter what his complexes may be, and no matter how much he may be biassed against psychoanalysts for what he calls their shabby treatment of psychologists and their contempt for current psychology. Now, as to the Professor's right to present evidence there can, of course, be no question. The presentation of evidence is always in order. But a biassed and irritated critic, such as Dr. Woodworth with engaging candor admits himself to be, will rarely be able to present unbiassed evidence; his bias is sure to interfere with a correct under-

standing of the subject matter under consideration. All the world knows that bias impairs the sight and distorts the judgment. That this truism is once more confirmed by Dr. Woodworth's criticism we hope to show in what follows.

Our critic first devotes his attention to the Freudians' methods of discovering facts and reaching psychological conclusions,—methods which he condemns as "excessively rough and ready." Whether this characterization is justified by the facts, and whether our critic is not really condemning what he does not sufficiently know or understand will be our first concern.

Speaking of the Freudians' methods, he says: "*there seem to be two of them*, fundamentally, one in which the subject himself furnishes the analysis under the guidance of the psychoanalyst, and the other in which the psychoanalyst works with comparatively little contribution from the subject, by the aid of *fixed symbols* . . . . [the first-named method] starts from an element of a dream, or from a lapse, or from a 'complex-indicator' in the free association test; it proceeds by requiring the subject to let his mind move freely from the starting-point, without self-criticism or reserve; and *it terminates, for the moment, when the subject, in the course of this free movement of thought, hits upon a complex.* Now, *as far as the object in view is to bring the complex to light*, this is all well and good . . . . But the psychoanalyst is not contented with simply drawing the conclusion that the subject has the discovered complex. He goes on to two other assertions. He concludes, first, that *arriving at the complex by starting with the dream or complex indicator means that the complex was at the bottom of the dream or complex indicator.*" The italics are mine, and are intended to call attention to the critic's most serious errors.

There are *not* two methods of conducting a psychoanalytic investigation. Freud still adheres strictly to the method of free associations when he is analysing a subject's dream, lapse, or symptom. Those of his followers who are best acquainted with his theories and technique find that they, too, achieve the best results only by adhering to this method. However, before considering further Professor Woodworth's assertion that psychoanalysts do make use of

a second method—that of "fixed symbols"—let us take up his criticism of their application of the first method—that of free associations.

Now, I venture to say that few more grotesque distortions of the truth about psychoanalysis have ever been published than the statement that the free associations terminate "for the moment, when the subject hits upon a complex." The fundamental truth of the matter is that the associations do not terminate when *a* complex has been discovered but when *the* complex or complexes responsible for the lapse or symptom have been brought to light—when the subject gets the feeling that he has discovered the cause for the manifestation under consideration. Before he finds this particular complex, if only one is involved, he may touch upon and discuss many other complexes; but he will dismiss these because he knows that they are not of such a nature as to explain his lapse or symptom. When a detective sets out to discover the person guilty of a crime he does not terminate his hunt when he comes upon a "suspicious character" in the street or even a notorious criminal. He stops his pursuit only when he has discovered the individual to whom all the evidence points as the culprit. Just so the Freudian: for all our critic's saying so, he does not accuse the first complex he comes upon "more or less directly."

In the analysis of a dream, for example, the subject gives his associations to the different dream details. Numerous complexes are touched upon or brought to light in the course of such associations; but the meaning of the dream, the essential motive for its construction, is obtained only after a long and difficult analysis of its constituents and upon a subsequent synthesis. The technique thus briefly indicated bears not the remotest resemblance to that described by Dr. Woodworth. Let us illustrate this by the following dream-analysis published by Dr. Staercke: a Dutch physician dreamt that *on the last joint of his index finger he had a primary syphilitic affection* (*i. e.*, a chancre). The dreamer had never had syphilis, and would never wish himself anything so terrible. He recalled that shortly before this dream he had seen a picture of such a chancre in an atlas on diseases of the skin; and then he remembered

having been taught that the word "syphilis" was derived from the Greek "sus" (swine) and "philos" (loving). The word "sus" recalled "Susi," the name of a trained hinny he had recently seen at a circus; the name "Susi" reminded him, in turn, of the circumstance that, to his great regret, his sisters-in-law ("zusje" in Dutch) were becoming too grown-up to sit on his lap. Furthermore, "Suze" was the name of an Indo-European (mixed breed—like a hinny!) woman whom he loved, but who did not return his passion; whenever he angered her she used to stamp on the ground with her foot—an action that reminded him of one of Susi's tricks at the circus. And then, too, in his childhood he had long harbored a strong desire for a sister ("zuster," "zusje"). When he was seven or eight years old he used to play with a little cousin aged five and he had often wished that she were his sister; but after a disagreeable experience with her he had repressed her from his memory. In this dream, then, we find a symbol (syphilis) in which several wishes are condensed, viz.: his sisters-in-law, a sister, and Suze. Now, in Holland it is customary to raise an index finger when one takes an oath; and the Dutch word "zweeren" meaning to "take an oath" also means to "have a swelling." The lesion being on the tip of the finger indicates that the subject goes "to extremes" in his love,—he recalls that when Suze had a coryza he had wished that she would infect him, and that he had at various times said that if he loved a woman he would not be deterred in his wooing even by the possibility of being infected with syphilis. Thus the intensity of his love is measured by the gravity of the infection (not merely a coryza) as well as by the location of the lesion. "Primary affection" (the literal Dutch equivalent of our "primary lesion") may be translated "first love." We may say, then, from a synthesis of all these associations, that the dream means: "I have Suze's love and I love her to the tips of my fingers," or "Even at the risk of syphilis I wish I had Suze's love!" The picture in the atlas on cutaneous diseases served as the dream-inciter and served to stir several complexes into activity. Had the analyst in this case merely followed the method outlined by Dr. Woodworth and stopped when he hit upon *a* complex, or

had he applied the "method of fixed symbols" (finger = phallus, syphilis = crime, sin, incest, etc.), he could not have interpreted the dream.

It is not true, then, that Freud teaches that *arriving at a complex* means that that complex was at the bottom of the dream or complex indicator. It is not true that Freud teaches that "if the subject has stumbled over a certain word in the free association test, and then, letting his mind move freely from this word as a starting-point, has come more or less directly upon a *certain* complex, then the stirring of that complex was the cause of the stumbling in the original test." Nor is it according to Freud to say that "if the subject has dreamed of a person A, and on letting his mind move freely from the thought of A comes *more or less directly* to think of a significant person B, then A in the dream is really a representation of B." What our critic fails to note is that in such a case there are definite connecting links or identifying features between A and B, that they resemble each other in certain unmistakable respects, whether in name, size, color, peculiar feature, characteristic mannerism, or what-not. Thus, in the above dream, "syphilis" stands for Suze both because the syllable "sus" occurs in both words and because thoughts of syphilis bore a definite relationship to Suze.

There is then no justification for Professor Woodworth's remark that "*by such reasoning* the conclusions are reached that dreams have a hidden meaning very different from their manifest content, and that lapses and hesitations in the process of thinking or acting are due to the stirring of submerged complexes." If Freud's reasoning had been no keener than that attributed to him by our critic he could never have brought so many fine psychologists and *Menschenkenner* the world over to his way of thinking! But let us look into this particular objection a little further.

"Can the psychoanalyst," asks our critic, "seriously maintain that, *whenever the thought of A has come into my mind*, if I then let my mind move freely from A and reach B (sooner or later), B must have been operative in making me think of A in the first place?" Of course, no psychoanalyst maintains or believes anything so absurd either

directly or by implication. What he does maintain is that if a thought (A) "*spontaneously*" comes into his mind, or comes in place of another that was sought, and he wishes to discover the cause for the spontaneous mental presentation or lapse, he has only to let his thoughts play *around it* freely, taking all the attending circumstances into consideration and not permitting anything to shunt his thoughts into other (unrelated) channels, to discover certain thoughts and emotions (B) which will give him the feeling that they were responsible for the phenomenon A. If a detective leaves the scene of a crime and roams aimlessly about the streets and sooner or later wantonly pounces upon a citizen who happens to cross his path, he will almost inevitably make a mistake; but, if he leaves the scene with certain clues in his possession, and follows these clues to their logical destination, no matter whither they may lead, he will invariably, sooner or later, succeed in his quest. The purpose of this analogy is to emphasize the following facts, which our critic seems to have wholly overlooked: the psychoanalytic investigation is not a rambling, purposeless excursion into the psychic domain with no other object than that of discovering complexes, but a definite and purposeful quest for a particular complex that has brought about an imperfection in psychic functioning. The course of the free associations is determined by the object in view. The subject has a definite problem in mind when he sets forth on his errand. The lapse is the starting point upon which the subject concentrates his attention as he sets out; and this introspective concentration, because of the purpose in the background, determines the course his associations will take—just as our imaginary detective sets out with his clues (which correspond to the circumstances under which the lapse occurred and to the nature of the lapse) and follows these, overcoming all the obstacles in his path (the resistances) until he has discovered the person (the complex) to whom the clues point and who has the motive adequate for the commission of the crime (lapse) in question. This, I submit, is a very different procedure from that described by our critic in his burlesque or caricature of psychoanalysis.

We are next asked by Dr. Woodworth: "And how does [the psychoanalyst] know when to stop in the series of thoughts starting from A, in order to get the particular idea or wish that was at the bottom of thinking of A [*i. e.*, at the bottom of the lapse]?" And he answers his question with the words: "He stops, in practice, when he finds a significant complex." Once more: this is all wrong! As the detective stops his search when he has discovered the culprit, so the psychoanalyst stops when he has discovered not "a significant complex" but *the* complex responsible for the lapse (which may be a spontaneous thought, a slip of the tongue or of the pen, a momentary forgetting, a temporary ignorance, etc.) It may be worth calling the reader's attention to the fact, especially since Dr. Woodworth neglects to do so, that what he calls "A" is not *any* thought that may chance to come into one's mind, but an *unintentional* substitution (word or act) for something intended, or a spontaneous mental presentation which is apparently unrelated to the thoughts occupying the subject, or a forgetting of something known, etc.

Continuing his inquisition, our critic asks: "What determines [the psychoanalyst] to stop just when the complex is reached, and not before or after? It can only be," says he, "as far as I can see, from a preconceived notion that some complex is at the bottom of the original thought or lapse." In the first place, let us point out that strict logic would have required our critic to say "*a* complex," and not "*the* complex." The moment he says "*the* complex" the reader may think that Dr. Woodworth means the causative complex the analyst has set out to find, and he may then very naturally be puzzled at the question why a person should stop looking for something that he has found and why he should not stop before he has found it. Of course, the analyst stops his investigation as soon as he has discovered the complex that the subject's reason and feelings tell him is at the bottom of the lapse. A mathematician considers the problem solved when he has found the answer that satisfies the requirements. As to Dr. Woodworth's criticism that it can be only "*from a preconceived notion* that some complex is at the bottom of the original thought or

lapse" that the analyst stops when he has discovered the complex, it may be said that his statement would be quite correct if he substituted the words "*from a settled conviction based upon experience*" for the words "from a preconceived notion." Freud's preconceived notion is only the universal "preconception" that there is no effect without a cause. In the absence of the slightest particle of evidence that this law does not apply to psychical phenomena as unalterably as to physical phenomena, he is fully justified in his assumption. And, I submit, Freud is proceeding in a wholly logical and scientific manner if, on the basis of the assumption, he tests every apparently causeless or accidental psychic phenomenon to see whether a hidden cause or motive cannot be discovered. Years of experience, corroborated by the similar experiences of hundreds of other investigators, have proved indubitably—to those willing to repeat Freud's experiments—that the law of cause and effect does apply inviolably to the psychic world as to the physical world, and that the method of free associations does lead to the discovery of the hidden cause. To return to our analogy, a detective, confronted by a crime, takes it for granted that a criminal has been at work and that if he is supplied with an adequate number of clues and pursues a proper course, he must sooner or later discover the culprit.

In the light of all this, we find it almost incredible that Dr. Woodworth should say that if the Freudian psychology is based on the aforementioned assumption it "is not after all founded upon the analyses obtained, but upon preconceived notions, or perhaps, it would be better to say, on the attractiveness of the conclusions reached. In other words, the doctrine of the significance of dreams, lapses, and other complex indicators is not based upon the evidence, but upon a certain inherent attractiveness of the doctrine." It is as if our critic had said that Darwin's, Newton's, and Galileo's theories were not based upon their observations but upon preconceived notions or on the attractiveness of the conclusions reached. And with regard to Darwin and Galileo there were not wanting scientists, professors among them, who made that very criticism. Anyone who knows anything about the history of psychoanalysis knows that Freud

and Breuer approached the matters they examined without any preconceived notions, and that the psychoanalytic doctrine grew up in the school of experience. And Professor Woodworth, though he is half willing to admit this, goes on to say, "yet the doctrine may not have been scientifically derived from the evidence which he [Freud] brings forward, but may have been a 'happy thought' which occurred to him in connection with the cases he met and so gripped him as to make evidence, for him, quite a secondary matter." It was just such a "happy thought"—oh, happy thinkers!—that has been responsible for the advancement of science in each of its many spheres, *e. g.*, physics (Newton, Watts), astronomy (Galileo), etc. But the happy thought always came to men who had the rare gift of observing and of interpreting without prejudice and preconception what they saw, and who knew how to prove the correctness of their discovery by testing the world of phenomena by its light,—while the rest of the world, professors among them, followed limping after.

Inasmuch as Professor Woodworth again returns (on p. 7 of the reprint of his criticism) to what he calls Freud's doctrine that "it would be impossible for [thought] A to lead to [thought] B unless B had been operative in the production of A," we, too, must return to it. Now, Freud does not maintain, and has never maintained, that "if A has occurred in the process of thinking, then B, reached from A as the starting point of a free movement of thought, is to be presumed to have been a factor in the original production of A." Had Freud maintained anything even half so ridiculous, Dr. Woodworth would be justified in saying that "this seems to turn things topsy-turvy, since *what A arouses* is conceived as arousing A." It is as if one were to say that a scientist's gropings for the solution of an obscure phenomenon caused the phenomenon. Surely no one says that! What Freud does maintain is this: if one starts from an imperfection in psychic functioning (*e. g.*, a lapse, a forgetting, a spontaneous thought), not from a thought sufficiently accounted for by the play of conscious forces, with the purpose of ascertaining the thought responsible for the disturbance and pursues the method of free associations, one will be led

to the underlying motive or complex. This is exactly parallelled by a scientist's investigation of the conditions (causes) that gave rise to an unexpected phenomenon (A). There is no question then of the thoughts "aroused" by A really "arousing" A. The thoughts or associations, the recollections, that one evokes—the facts one brings to light—when one pursues a chain of associations from lapse A (not merely "thought A") are in no sense "aroused by A." And yet it is perfectly true that the facts thus brought to light, not thus "aroused," are responsible for, account for, the lapse A. The Professor's error results from an abuse of words; he uses the words "arouse" and "arousing" in senses which they do not have and in different senses in each of the phrases "what A arouses" and "arousing A." He is guilty of a similar error in logic in the way he uses the word "what" in the phrase "what A arouses," for he leaves it doubtful whether he means it for "the thoughts" or "the facts." To make this clearer, let us paraphrase the two sentences quoted from our critic in the light of the analogy already employed: "Freud somewhere says that it would be impossible for a crime (A) to lead a detective to the guilty agent (B) unless B had been operative in the production of A. This seems to turn things topsy-turvy, since what A arouses [*i. e.*, the search for the guilty agent] is conceived as arousing A [*i. e.*, as causing the crime]." Presented in this way, it is clear that our critic's first sentence is true and that Freud is right; whereas the second, owing to the improper use of the word "arouse," is wholly false. In other words, Dr. Woodworth has disproved something that did not need disproof and that no one has asserted.

That there may be no mistake about this, let us illustrate the anlysis of a lapse. Mr. M. F., an American business man, fairly well educated (he reads newspapers and scientific books), was proprietor of an incorporated business two years ago. More than a year ago this concern put up its shutters, involving him in a loss that represented (for him) a large sum. Having failed to notify the authorities of the dissolution of his business, he was required to appear at the Marshal's Office to pay a tax ($13.51). Both M. F. and his wife grumbled at having to pay taxes on a business

that had involved the loss of $1,500.00 in a few months and which had been so long out of existence—it was throwing good money after bad, they said. On the appointed day, Mr. M. F. appeared in the Municipal Building and, on entering it, asked to be directed to the Sheriff's Office. When he was told where to go, it suddenly dawned upon him that he had made a mistake: he had meant to say "Marshal's Office." He knew perfectly well the difference between the duties of the marshal and the sheriff, and on leaving his own office had had the marshal's office clearly in mind. The analysis of this lapse brought out all the above facts about the dissolved corporation and the reluctance to pay the tax, also the fact that the subject knew that one goes to the sheriff to collect money or to put claims in his hands for collection. Interpretation: the subject disliked going to the marshal and would have preferred going to the sheriff. Surely no one can say, by any stretching of the word "arouse", that the above facts were "aroused" by the lapse; they were brought out only in our investigation of the lapse and were undoubtedly the cause of the lapse. The slip of the tongue (A) did not arouse B (the unpleasant facts), though B did cause the slip.

Owing to the fact that "shifts of thought are the rule," that "in the course of a revery or other free associative process" one tends "to get quite away from the context of one's starting point," and that a multitude of associative reactions are possible, and that "shifting of the topic is characteristic of uncontrolled thinking," Professor Woodworth concludes that it is "utterly impossible to accept the *fundamental proposition* on which the Freudian conclusions as to the latent content of dreams, lapses, etc., are based." To me there have always seemed to be two fundamental propositions involved: (1) that all psychic phenomena, including lapses, dreams, etc., have a psychic cause; (2) that the psychic cause (complex) can be discovered by the method of free associations carried out in a certain way. I take it for granted that Dr. Woodworth has reference to the second of these propositions. That in ordinary thinking shifts of thought are the rule admits of no dispute; but to assert this is a long way from saying that one may not

discover a certain complex by the method of free associations. For the purpose of our discussion we need not even take advantage of Professor Woodworth's admission that "undoubtedly there are cases where the thought hovers about a given point." "That in the course of a reverie or other free association one tends to get quite away from the context of one's starting point" is also true; but investigation will show that all the thoughts so aroused are related and definitely linked to one another by certain bonds or associations and form a continuum,—a fact that tells decidedly in favor of Freud's theory. It is also true that a multitude of associative reactions is possible; but experience proves that the actual reactions chosen from this multitude are determined by the operative complex or complexes, and that the subject can not (without betraying himself) voluntarily choose associative reactions unrelated to the operative complex. That "shifting of the topic is characteristic of uncontrolled thinking" can be admitted only if one knows what Dr. Woodworth means by the words "shifting of the topic." If he means that the thoughts move from one subject to another he is right; but if he means that the thoughts move on to unrelated subjects, he is wrong. It is a sufficient answer to all these objections that the daily experience of numerous psychoanalysts the world over shows that the difficulties attending such a course of free associations as Freud has in mind can be overcome, and that when they are so overcome it is usually not a difficult matter for the mind to travel a backward course from a lapse to the causal complex.

"If it were possible," says Dr. Woodworth, "to get to the complexes only by starting with a dream or complex indicator, then, indeed, some special connection could be believed to exist between them; but, as a matter of fact, you can take a perfectly arbitrary starting-point, such as a word occurring in the course of smooth-running waking thought, and, proceeding according to Freud's instructions, reach a complex just the same." This is as much as to say, recurring to our analogy, that if it were possible to discover evil-doers only by starting from a crime or a clue, then, indeed, some special connection could be believed to exist

between them; but, as a matter of fact, one can take a perfectly arbitrary starting-point, such as a commonplace action, and, proceeding according to the chief's instructions, find a culprit just the same. This is perfectly true but it has no bearing on the question of how to discover the culprit guilty of a particular misdemeanor. The object of Freud's method is not the discovery of complexes, but the discovery of the particular complexes which are at the bottom of, or responsible for, certain dreams, lapses, etc. The fact that a detective may accidentally come upon a pick-pocket does not in any way exclude the possibility of his discovering the perpetrator of a particular crime or the person indicated by certain finger-prints; nor does it deprive of all force the conclusions reached by expert detectives as to finger-prints and clues. So, too, the ability to discover complexes at random has absolutely no bearing on the question of the validity of Freud's conclusions as to dreams and complex indicators. The fact that even commonplace actions have motives is no reason for denying motives to criminal actions.

A splendid illustration of how easily bias results in bad logic is furnished by the following argument: "If *the complex* [Query: which complex?] is held to have produced the dream or complex indicator because, on starting with the latter, the former is reached, by the same logic we must conclude that the complex [Same query] operates in the production of the most smooth-running of waking-thoughts; and then the distinctions between lapses and smooth-running thinking, and between dreams and waking thought vanish into thin air and with them a large share of the whole Freudian psychology." That is to say: If John Smith is held to have committed a certain crime or to have left a certain clue behind because, on starting with the latter, the former (John Smith) is reached, by the same logic (!) we must conclude that John Smith operates in the production of everything that goes on in the community; and then the distinctions between crimes and honest actions vanish into thin air! Just as every action presupposes an agent and a motive, so every crime presupposes an agent and a criminal motive; and just as some disturbers of the peace do their work in the dark and long remain unknown, so certain complexes (repressed

motives) work without showing their visages and long remain unknown; but with adequate clues both may be discovered. Our critic's error resulted from his unfortunate use of the words "the complex;" had he said "a complex" in the first clause and "some other complex" in the second, he would have seen that he was giving expression to a truth and not to an absurdity.

We are then treated to the following bit of misrepresentation: "As the procedure already described usually brings the subject to a sexual complex, the prevailing type of complexes is concluded to be sexual." What Dr. Woodworth fails to tell his readers is that this statement applies only to the psychoneuroses and to many dreams, but not to lapses, forgettings, etc.

"Psychological experimenters (as Messer and Koffka) have frequently observed that it is very difficult to secure a really free association." Just what kind of an association is meant by "a really free association" we are not told. But it suffices us to know that in actual experience the free associations are usually found to be perfectly adequate to attain the object intended. Most patients have considerable difficulty at first in learning to associate freely; but, on the whole, the operation is readily mastered. Fortunately very few things are so difficult that they may not be learned. "Absolutely unguided movement of thought *is* very unusual," as our critic says; but he should have added "under ordinary conditions." During psychoanalysis and during reveries it is not unusual.

Our critic implies that the sexual is *suggested* to our patients. He says: "The subject is warned time and time again that he must keep back nothing if he wishes the treatment to succeed. It is easy to see that such instructions tend to arouse a definite set of mind towards that which is private and embarrassing; and this easily suggests the sexual." The answer to this is that it is partly true, but only partly. In the case of female patients it may be that the sexual is thus suggested; but in the case of male patients I have always found that they thought the analyst referred to criminal actions. If the sexual comes to the patient's mind under the circumstances it is due only to the fact that

the sexual is there. One might with as much reason as Dr. Woodworth displays say that the bad odors accompanying certain chemical experiments are suggested by the chemist, or that the penitent's sins are suggested by the confessor. But, as a matter of fact, both sexes have to be under treatment a long time before they confess any sexual or criminal transgressions. No matter what the analyst says, the patients long continue to assure him how innocent, in thought and act, they are and always have been. That "the subject is more or less subtly influenced to direct his thoughts toward the sexual" and that he *therefore* finds sexual complexes is not true. Even when the psychoanalysts have been very cautious not to suggest anything sexual, the patients almost invariably finally find the explanation for their troubles in the sexual sphere (using the word "sexual" in the broad, Freudian sense). And we have no hesitation in saying that Dr. Woodworth will not be able to verify the following statement of his: "If a psychoanalyst of different convictions should more or less subtly convey the important things to look for were in the line of self-assertion, or in the line of competition in the struggle for existence and social standing, or in the line of anger and irritation, he would certainly lead his subjects to find complexes of these types." He is welcome to the experiment. As a matter of fact, however, some such complexes emanating from the ego-impulses are almost always found co-operating with complexes from the sexual sphere, and only in the rarest instances is a neurosis based on complexes emanating exclusively from one of these spheres.

Having disposed, as he thinks, of what he calls "the first method of psychoanalysis," that of free associations, Dr. Woodworth goes on to demolish what he calls the second method, the method of fixed symbolism, "in which the psychoanalyst works with comparatively little contribution from the subject, by the aid of fixed symbols." To a psychoanalyst such a grossly incorrect statement of the technique might well be sufficient justification for throwing the Professor's criticism aside without further notice. Nothing in the Freudian psychology warrants an analysis by the aid of fixed symbols. Not even the boldest Freudian,

not even that artist in dream interpretation, Stekel, dares to rely on such an uncertain and variable quantity as a symbol for his interpretation of a symptom or a dream. A more than merely superficial familiarity with the writings of the Freudian school would probably have convinced our critic that neither Freud nor any pupil of his *relies* upon a fixed symbolism or "a table of equivalents derived from previous psychoanalytic experience." Freud has never retracted or modified his conviction that *symbols are an individual matter* and that what is signified by a given symbol can be determined only by an analysis of the individual employing the particular symbol. That this is the current view is proved by the following quotations, one from Dr. William White's recently published book, "The Mechanisms of Character Formation" (to which Professor Woodworth refers in his criticism) and one from my own essay on the technique of dream interpretation (*American Journal of Urology and Sexology*, May 1917, pp 206-7 and 211). Let us quote the latter first as being more complete: "The interpretation of a dream from its symbols alone would, *if it were possible*, reveal only one meaning of the message from the unconscious,—a message which in adults, especially in neurotics, is, in all probability, overdetermined. In the second place, the therapeutic effect of a dream analysis, our only desideratum, results not from a knowledge of the meaning of the dream but from overcoming the patient's resistances to the realization of the presence and significance of forbidden desires forced out of consciousness by the endopsychic censor.—There is no surer way of breaking down the neurotic's resistances to dream interpretation than letting him discover the presence and meaning of symbols in his dreams for himself and *from his free associations*.—A conscientious psychoanalyst will rather leave a dream uninterpreted than hazard an interpretation from its symbols.—Notwithstanding the fact that owing to the influence of current jests and witticisms, biblical lore, literary usage, etc., certain words and objects have almost universally acquired a symbolic signification, there are undoubtedly many individuals who do not attach a symbolic meaning to these familiar terms and objects, to whom a nightingale is

only a nightingale, no matter what it may be to readers of Boccaccio. This *individual factor* must always be reckoned with by the analyst. The primrose may be only a little golden flower to a great many people, but it is much more to a Wordsworth. Even *racial and national factors* must be considered by the scientific analyst: white is not everywhere the symbol for purity, black for mourning, or a veil for chastity. *Linguistic and religious influences*, too, unquestionably play an important role in affixing symbolic meanings to certain words. No one knows better than the practised psychoanalyst that many individuals employ a symbolic vocabulary that is peculiarly their own and that is the product of their *occupation*, their *experiences*, their *associations*, etc. He would indeed be bold who, in the face of only these difficulties (there are others), would easily presume to interpret a patient's dream from his symbols rather than from his free associations."

Dr. White (*cf.* his book, p. 107) thus sums up the matter: "In actual work, however, [the] *appeal to the individual is practically always necessary*, because no matter how profound and universal the meaning may be, it is always clothed in the individual's personal experiences. This, of course, must be so. The individual is limited in the form of his expression by the actual, available material in his psyche." Freud himself puts the matter thus (in the third edition of his books on dreams, p. 210): "One must bear the peculiar plasticity of psychic material in mind. A symbol in a dream may now and then have to be interpreted literally, and not symbolically; at other times a dreamer may exercise his right to employ as a possible sexual symbol special material dwelling in his own stock of memories which is not generally so employed. And the customary sexual symbols do not invariably have the same meaning."

Considering the above and other restrictions thrown around the interpretation of symbols one must, to put it mildly, have a very shadowy knowledge of the theory and practice of psychoanalysis to say that certain dream elements are interpreted by reference to a table of equivalents. And the above quotation from Freud is a sufficient answer to Professor Woodworth's very unfair assertion that Freud,

"following the lead of some of his pupils, has come to believe that certain objects are fixed symbols for certain other objects or conditions, and that it is no longer necessary to establish the significance of certain dream elements by the free movement of thought."

Dr. Woodworth is therefore guilty of gross errors and exaggerations when he makes the broad assertion that to a Freudian "the snake is always a male phallic symbol, a garden a symbol for the female genitals, and stairs a symbol for coitus." As we have seen, Freud distinctly says that a dream element may stand for itself and not call for a symbolic interpretation. In the second place, every psychoanalyst knows that a symbol may stand for a great many different things in literature, dreams, etc. Thus, for example, in the essay of mine previously quoted I say (p. 209): "all these symbols may be overdetermined and symbolise many things, *e. g.*, a dog may stand for a certain individual, for fidelity, shamelessness, etc.; a cat for a woman, a man, treachery, cunning, etc." There is no warrant then for Dr. Woodworth's statement that to the psychoanalyst a snake is always a male phallic symbol. He contends, quite correctly, that the snake is "a natural [!] symbol for sinuousness, or slyness, or widom, or danger," to one acquainted with its characteristics. But it requires no great stretch of the imagination, nor very profound learning, especially to one acquainted with the biblical account of creation, to find it also a "natural symbol" for sensual pleasure, sexual passion, sin, and the phallus. Our critic's statement that "only in one of its many aspects is [the snake] a phallic symbol" is utterly incorrect. The physical characteristics of the snake and its activities—it is long, cylindrical, smooth, sleek and sinuous, erects its head, has a predilection for dark caverns, emits a dangerous substance—suggest the phallus and its function from so many aspects that even the simplest intelligences (the readiest to find such analogies) have been struck with the resemblances. In the fantasy products of primitive man, *e. g.*, even in our Bible, the snake is responsible for the introduction of sin into the world. Recent biblical exegesis (by non-Freudians) has shown that in the story of Adam and Eve the snake symbolises the phallus.

Many ancient myths and fairy tales acquire an acceptable, intelligible meaning only if "snake" is interpreted as "phallus." We therefore utterly repudiate the Professor's statement (p. 11) that one who has sufficient intelligence to find the snake a natural symbol for sinuousness, or slyness, or wisdom, or danger, will find considerable difficulty in seeing 'the particular characteristic' that has made it a phallic symbol to the initiated. On the contrary, one would have to be unusually obtuse, especially if he had a living acquaintance with snakes, not to hit upon the resemblance sooner or later. In this connection it must not be overlooked that the folk mind, repeated in school children about the age of puberty, is amazingly quick to detect analogies to the sexual organs and sexual processes where the cultured mind, more accustomed to ratiocination, and because of a larger range of interests and sublimation, is not so likely to see any. That is why the languages, myths, sagas, and religions of primitive peoples are saturated with sexual symbolisms. For proof of this statement in the domain of language I refer to the brilliant writings of Kleinpaul.

An illustration of the method of applying the knowledge concerning symbols obtained from the analysis of a large number of cases may not be amiss. A male patient, long married, suffering from pathological jealousy and depression, has a dream in the course of which he finds that a ring is too large for his finger. He can associate nothing with this particular dream element. I venture the question whether this obscure dream fragment would not acquire a meaning if we substituted "vagina" for "ring" and "penis" for "finger." At once his face lights up and in a burst of confidence he assures me that ever since his wife's (instrumental) confinement fifteen years ago, resulting in a perineal laceration, the anatomic conditions have unhappily fitted the symbolism in a way not needing elucidation here. She had a leucorrhoea also (in another dream he dreamt that the street was too wet), but he lacked the nerve to speak to her of these things and suffered in silence. I instructed him to take his wife into his confidence and to have her put herself under treatment. She took his advice and was cured—and so was he. I venture the assertion that this mode of inter-

preting the dream was perfectly scientific though it was not based on a statistical study of the frequency with which "ring" is employed as a sexual symbol by an American salesman born in America and educated in Switzerland (as my patient was). Having found by experience that humanity is apt to associate things that are round or hollow with a particular part of the female anatomy, we tentatively apply our knowledge to any new mental presentation and if by this procedure we obtain an intelligible meaning (and affective confirmation) where there was none before we rightly conclude that we have interpreted the new presentation by the aid of our formula and maintain that our formula or law has received additional corroboration from the new finding.

In discussing the emotions in dreams (pp. 13-14), Prof. Woodworth shows himself uninformed of what Freud has said on the subject in his book on the interpretation of dreams. In A. A. Brill's translation of the 3d edition, pp. 364-389, we find a discussion of the very problems that Dr. Woodworth now avails himself of in his attempt to discredit the psychoanalytic theory. Freud long ago saw the difficulties mentioned by Dr. Woodworth and tried to meet them to the best of his ability in the light of the knowledge at his command. Neither Freud nor any of his disciples pretends that either the dream problem or the neurosis problem has been completely solved. There is much work left for psychoanalysts and psychologists to do. But let us examine some of our critic's objections and assertions in detail. He says (p. 14): "It is very curious, if the dream is actually a working out of unconscious tendencies strongly charged with emotion, that its emotional tone should be so mild and superficial. This would easily be understood if the dream were what it seems to be, a relatively superficial play of fancies but not if it is as deeply motived as Freud supposes it to be." In the first place, Professor Woodworth, like many others, greatly exaggerates the shallowness of the emotions in dreams. It is undoubtedly true that many dreams seem to be lacking in emotion, but I believe that careful inquiry will show that most dreamers are conscious of very intense and varied emotions in their dreams and that the emotional

shallowness is apparent only and due merely to the investigator's failure to pay as much attention to the dream emotions as to the dream thoughts. But, even admitting this, there is still a large body of emotionally colorless dreams whose latent content includes thoughts of great emotional significance. Freud, who has herein too anticipated his critics and proved himself the acutest of the objectors to his theories, supplies (*l. c.*) several solutions to this "enigma of the dream" (as he calls it). It is evident, says he, that in these dreams "a suppression of the affects has taken place" chiefly as a result of the sleeping condition. To the censor must also be assigned a share in dampening or restraining the emotions. Analysis has shown that in the latent content of many dreams contrary and antagonistic thoughts occur side by side, and often even fused into a unity; and it is extremely probable that the contrary emotions accompanying these thoughts very largely, and often wholly, neutralize each other. The inversion of the emotions in some dreams, *i. e.* 'the substitution of one emotion for its opposite,' is probably another factor in weakening the manifest emotion; a simulated passion is never as intense as that which comes directly from the heart. The bipolar attitude of the dreamer to many of his problems also serves to dilute or neutralize the latent emotions. The wish to sleep undoubtedly also operates to restrain the emotions, just as it inhibits the impulse to muscular activity: if the dream emotions attained the full intensity required by the latent thoughts the dreamer would be very likely to awake. And I have little doubt that in most of our dreams we are dimly aware of the fact that we are sleeping and that it's all only make-believe. A day-dreamer also inhibits the acting of his fantasies and curbs the emotional reactions to them. If the emotion in the fantasy equaled the latent emotions, the dreamer would find it difficult not to proceed to action instead of contenting himself with the fantasy.

Professor Woodworth seems, very strangely, to have overlooked the fact that if a dream were, as he assumes it to be, nothing but "a relatively superficial play of the fancies," instead of a deeply motived psychic product, we should not find, as we do, dreams which have a trivial ideational con-

tent charged with very intense emotions and other dreams in which the manifest emotion is grotesquely incongruous with the manifest dream content. By way of illustration I briefly cite the following dreams, with hints as to their meaning: (1) An old man, impotent, depressed at the thoughts of approaching death, dreamt that he could not turn on the gas even with his wife's assistance (renew his sexual life) and laughed (cried) hysterically, so that his wife had to wake him. (2) A man, 42 years old, totally impotent since his marriage (13 years ago), dreams he is running up a certain street; no emotion; he awakes with a delightful sexual feeling over the whole body and normal emissio nocturnalis.

Proceeding from the Freudian doctrine that "the dream is regarded as the equivalent of the neurotic symptom, to the extent at least that both are expressions of suppressed tendencies," our critic argues that if this were true "we should expect to find the dream heavily charged with emotion; dreams should be like neurotic symptoms in this respect." We venture to assert that the difficulty of reconciling these facts with each other is more apparent than real and that it is our critic's inadequate knowledge, and not the Freudian theory, that is at fault. In the first place, it does not at all follow that because dreams resemble, or are "very closely analogous to," neurotic symptoms in certain respects that therefore these two psychic creations (symptoms and dreams) must resemble each other in all other respects. If they did, they would be identical. And, further more, it is not true that (all) neurotic symptoms are "heavily charged with emotion." Professor Woodworth seems to have forgotten that many neurotic manifestations are wholly lacking in "affective tone," and that it is only in the obsession neuroses that there is "the apparently disproportionate emotion in the neurotic's manner of dealing with trivial matters," and that even in these there is no proportion kept between the manifest emotion and the latent emotions. The reasons for the subdued tone of the emotions in neurotic symptoms are probably very much the same as in dreams. In addition to this it must be borne in mind that dreams and symptoms have different functions, serve different purposes, and that they may therefore be expected to differ in certain respects,

especially as regards their emotional tone. Thus, one of my patients suffering from complete sexual anaesthesia as regards coitus, was troubled with a slight burning sensation at the tip of the tongue which he attributed to smoking and to which he paid almost no attention until he happened to mention it quite accidentally. Analysis of this "trivial symptom" brought intensely affective complexes to light. He feared the development of cancer of the tongue from smoking; but this did not induce him to give up the cigar habit, nor did the knowledge that this fear was partially responsible for his symptom cause the burning sensation to disappear. But the symptom has lost very much of its intensity and persistency since we discovered that it also represented the fear of cancer by infection from his mother (whose breast had been amputated a few years before), the fear of oral infection from indulgence in a perversion for which he had an almost uncontrollably strong desire. Neither the intensity of the burning, nor his emotions regarding it, gave any hint as to the intensity of the emotions in the fears and desires behind it, but it was sufficient to induce him to cut down his smoking, to develop a habit of chewing gum after every smoke ("to wash away the irritation") and to desist from his perversion.

The second of the "one or two respects in which it [the Freudian psychology] seems [to our critic] to contradict itself" "is connected with the 'censor'—the force that suppresses tendencies into the unconscious." "Whence," exclaims Professor Woodworth, "comes the censor with this tremendous power?" And in the sentence concluding this section of his thesis he harks back to this query in the following words: "Where these dominating tendencies, personified by the censor, come from and how they manage to suppress the all-powerful and all-motivating unconscious tendencies, remains obscure." The inability to answer the whence and how of the censor, we submit, is no more an argument for rejecting it from our system than it would be for the psychologist to bury his books, because he cannot tell us the whence and how of thought, of memory, of imagination, of feeling, etc. Does the astronomer reject the Copernican theory because he cannot tell us the whence and

the why of the planets and the forces that drive them in their orbits? Does the physicist refuse the assistance of the atomic thoery because he does not know the whence and the how of the atoms? Does the biologist scorn the Darwinian theory because he cannot explain the whence and how of the evolutionary principle? To all these it suffices that the theory works, that up to a certain point it explains certain phenomena and conflicts with none, and this is also true of the conception of the 'censor.' Whence the censor comes will be answered when we know whence civilization comes, whence morality comes, whence the ethical sense comes, whence the evolutionary urge comes.

Inasmuch as our critic professes to find in the conception of the censor an internal inconsistency in the Freudian psychology we shall briefly recapitulate our knowledge concerning it. The censor is that function of the mind (psyche or soul) which refuses to permit certain natural tendencies or impulses to come to consciousness and which forces certain other natural impulses more or less permanently out of consciousness. The tabooed, forbidden, excluded inpulses (instinctive desires) are those to which a normal human being beyond a certain age reacts with shame or disgust or which his moral, ethical or religious senses condemn as wicked or sinful. Concerning the origin of the sense of shame or the feeling of disgust for certain things we know no more than concerning the origin of the kitten's mouse-hunting impulse or the bird's nest-building instinct. As to the acquired resistances against the gratification, or even contemplation, of certain unquestionably pleasurable ego and sexual instincts, we may say that they represent the voice of the parents, the teacher, the community, and God. Indulgence in the condemned instincts would bring upon the guilty individual the loss of self-esteem, the displeasure of the beloved parent, the condemnation of society, the punitive arm of the law, and the damnation of his soul. These are forces enough to bring about the repression of those elements of the very powerful natural impulses inherited from our beastly ancestors that would interfere with the onward, Godward course of civilization. The censor, the repressing force or system, is therefore a de-

rivative of the social instinct in man as well as of his impulse for self preservation. It stands as a system of inhibitions between him and the impulse to gratify his instinctive desires. It does this not merely as regards the conflict or gulf between the individual's impulses and the forces of the outer world which he has to overcome if he is to gratify his desires, but also as regards the antagonism among the impulses themselves. To keep these powerful impulses from usurping the focus of attention and thereby interfering with incoming perceptions from the outer world (to which the individual must adapt himself) requires the operation of a strong counter-force. This inhibiting and co-ordinating and unifying force constitutes the censor. These natural, animal impulses can, as we know, be subdued or held in check, but they cannot be destroyed. Scratch a Russian, says an old proverb, and you will find a Tartar underneath. This is not true of Russians only, but of all civilized humanity. The primal impulses live on, perhaps with diminished ferocity (affectivity), but with sufficient force to influence all of our motives and actions. Thinking has taught man not only to modify his environment in pursuing the gratification of desires but also to so mask his motives that he can satisfy his forbidden impulses in such a manner as not to incur the resentment of the community and the disapproval of his conscience. That the censor's functioning is not always successful goes almost without saying.

Why a psychologist should find any obscurity and inconsistency in this conception of "extraordinarily strong and pervasive" instinctive tendencies repressed by stronger opposing tendencies, is to me incomprehensible, especially as we see the phenomenon illustrated every minute of our lives. In the body politic, which is only a multiplication of individuals and in which law, religion, morality and ethics perform the function of the censor, every individual has to curb his natural impulses, no matter how strong they may be, for the common good of the community of which he is a part. For the benefit of the group—and therefore of every constitutent—each individual sacrifices the gratification of some of his desires, in whole or in part. But notwithstanding this, every individual is all his life intent only on the

satisfaction of his own pleasure impulses; and when this gratification is such as, because of its nature or intensity, is likely to arouse the ill will of the community the individual circumvents the censor by disguising his wishes and actions. So modest woman satisfies her exhibitionistic tendency by wearing short skirts and low-cut gowns; moral man gratifies his sexual curiosity with the aid of burlesque and musical comedies; big business satisfies the greediness of its stockholders by organizing "for the purpose of cheapening production;" statesmen hide their egoism behind a cloak of patriotism; covetous nations war on each other for Christ's sake or for humanity, etc. The devil teaches us all to cite scripture for our purposes. Yet no one asks whence all this selfishness comes and why it has such power.

Continuing his arraignment of psychoanalysis, Professor Woodworth contends that "no genuine evidence" has been presented to show that "dreams *in general* have a "latent content," or are the fulfilment of deep-seated and ordinarily repressed wishes." One finds it very difficult to answer such a criticism, especially as our critic admits that "undoubtedly *some dreams* may be fairly interpreted in this way; but then," continues he, "there are *so many dreams*, and most of them yield a Freudian interpretation only by a forced and very indirect procedure." It is difficult to say just what the point of this criticism is. Surely no one expects a psychoanalyst to prove that *all* dreams have a "latent content" or that they are all the imaginary and disguised fulfilment of repressed wishes. In the first place, the Freudians do not assert that all dreams have a latent content; young children's dreams and some dreams of adults, for example, say exactly what they mean. In the second place, the practical proving of a universal proposition is impossible. In the third place, the method of science does not depend upon such proof. Science is content to formulate the results of its investigation of a large number of instances of a certain phenomenon and then to test every additional instance of such phenomenon by the newly acquired formula. The only way, then, to prove the formula incorrect is to find even a single instance of the phenomenon covered by the formula in which the formula does not work; until such a

failure is discovered the formula is entitled to be considered a law. So far no such failure of the Freudian law of dreams has been published. That the technique is difficult and complicated is no objection to the theory. Considering the underlying principles of dream construction, which our critic has not disproved, and the necessity for evading the censor, many dreams must be difficult of analysis. The process of extracting gold or radium from its ore is very complicated and troublesome; but it can be done and has proved worth while. So is it with dream analysis. If it had not been for the difficulties inherent in dream analysis the dream problem, which must have engaged the curiosity of man from his first waking, would have been solved long ago. It was only with the solution of that other great psychic mystery, the neurosis problem, that it became possible to explain the function, characteristics and meaning of dreams. And, considering the complicated mechanisms involved in the synthesis of most dreams, it should be expected that their analysis would be correspondingly complicated and difficult.

Next our critic confronts us with momentous question: "Why should the dream require such deep motivation?" I do not think that we need answer this question. One might with as much reason ask why the sun must shine, why snow must be white, or why the tides require the moon's attraction, or why the planets must obey the force of gravitation, etc. It would be quite as fair to ask 'why should it not?' The why of things we shall know, if ever, on the Judgment day. The how is all that science can determine or seek to determine. Seeing, however, that even during sleep the psyche continues its operations and that unsatisfied desires then throng to the fore, isn't it most natural that the more powerfully affective desires should prevail over the less affective?

In truly professorial manner, Dr. Woodworth proclaims that although "reverie and relatively uncontrolled thinking are almost always steered by some interest—it [the dream reverie] does not require anything deep-seated or extremely powerful in the way of a motive force." Here we have a simple question of fact which can be answered only by interrogating nature. The Freudians point to their analyses

as proofs of their claims; but the anti-Freudians, among whom we include our critic, though they threaten us with evidence, never produce anything but ex-cathedra pronouncements based on their preconceived notions and their ancient prejudices. They never put themselves at the disposal of the analyst and never conscientiously apply Freud's principles to their own dreams.

Our analyses show that reveries *are* always, not merely "almost always," "steered by some interest"—and not merely by "some interest" (as our critic cautiously asserts) but by some powerful interest. And the same is true of all "relatively uncontrolled thinking." But this is very different from saying, as Dr. Woodworth does, that the dream [or reverie] is interesting to the dreamer at the time and that in this sense "some interest is gratified by the dream-reverie." It is because the association mechanisms are so easy-running—a fact which the Freudian school does *not* ignore, but the full significance of which it is the first to realize and to make use of—and because the unsatisfied longings of human beings are so domineeringly intrusive, so responsive to the slightest provocation, ("tickle o'the sere" as Shakespeare would have put it), like the djinn in the story of "The Fisherman and the Brass Bottle," that fantasies and dreams are so easily engendered (as soon as conscious, purposive thinking is relaxed) and so fantastically elaborated. Experience shows that though relatively superficial interests are the starting point of many fantasies and dreams, these ally themselves with deeper-liyng interests of a kindred nature and of great intensity. That the superficial interests of the day are not sufficient to account for the phenomena of dreaming has been abundantly proved and need not detain us now. "The question is, whether we must assume deeper-lying, powerful though suppressed tendencies in addition to those that are clearly at work." But we respectfully submit that is *not* the question. The question is—and it is a question which will not be decided by professorial *ipse dixits*—whether the co-operation of powerful, repressed tendencies in the construction of dreams is a fact. Our experience says it is.

In discussing lapses (of the tongue, pen, etc.) and forgettings, our critic constructs a man of straw and then proceeds to demolish it; and, having done so, thinks he has disposed of his adversary. So he declares it unnecessary (p. 16) "to invoke deep-lying motives to explain lapses and complex indicators." In the absence of a qualifying word we must assume that he means *all* lapses. And yet he goes on to say, taking back with the left hand the comfort he has given the anti-Freudians with the right hand, "undoubtedly some cases of hesitation or forgotten names, etc., *may* be due to the stirring of sleeping complexes,"—a statement to which every Freudian would consent with all his heart if only the Professor would omit the use of the objectionable adjective "sleeping." After this admission our critic goes on to show that numerous instances of erroneous psychic functioning ("lapse") in the normal result from superficial factors, *e. g.*, perseveration, anticipation, confusion, economy, etc. "Lapses of the tongue, or of the fingers in typewriting, are *in general* [N. B.!] readily explained by one or another of these simple mechanisms." To all of which we give our hearty approval and say: "Let the galled jade wince; our withers are unwrung." Neither Freud nor any of his disciples has ever claimed more than Dr. Woodworth concedes. All that the psychoanalysts maintain is that in addition to the cases of lapses of all kinds (in speaking, writing, printing, thinking, remembering, etc.) resulting from causes assigned by psychologists, there are numerous cases which result from the operation of affective factors emanating from the unconscious.

Dr. Woodworth precedes an interesting, though superfluous, resumé of the psychological commonplaces about forgetting with the remark that after bringing forward a few striking though doubtful instances of forgotten names, Professor Freud "hastily concludes that *all* temporary inability to recall a fairly familiar name is the result of interference by a submerged complex." That this statement is a wholly false presentation of Freud's view will be evident to any one who considers the concluding sentence of Freud's chapter on "forgetting proper names:" "in addition to the simple forgetting of proper names there is also a forgetting

which is brought about by repression." What need then for our critic's caution that "it is both unnecessary and impossible to extend Freud's interpretation of the forgotten name to cover *all* the cases?"

In his discussion of "suppression"—"one of the most important conceptions in the whole Freudian collection"—our critic is again miles away from an understanding of the psychoanalytic theory. In the first place, he does not distinguish between "repression"—the nearest English equivalent of the German word "Verdrängung"—and the superficial suppression of certain banal purposes and tendencies in everyday life necessitated by the conventions or by the impossibility of more than one presentation being in the focus of consciousness at one time. No Freudian is so stupid as to maintain that every tendency that is not permitted to work itself out in action is "suppressed into the unconscious, where it remains dammed up, likely to break out in unexpected ways." We too know that "most of the tendencies thus nipped in the bud simply disappear." The Freudian repression pertains not to unacted tendencies of a trivial sort but to those unacted impulses whose performance would give rise to fear, shame or disgust in the doer. These repressions are due to the individual's aversion to experiencing these emotional reactions, to his desire to deny the existence in him of tendencies conflicting with his ego-ideal. This is a very different matter from a suppression of the impulse to exchange a friendly 'good morning' with a neighbor when one sees his car coming or suddenly becomes aware that the wind has blown his hat away. In the second place, Dr. Woodworth admits that some "suppressions" (to use his term) do act as described by Freud, and with this admission Freudians will be content.

No anti-Freudian blast is complete without its fling at the "libido," the force that is behind the symptoms of the neurotic and many of the activities of the normal. And accordingly we find it here too. It is true that the term is a very vague one as generally employed and that even psychoanalysts are not agreed as to its meaning. To Freud it is the sexual impulse or sexual pleasure; to others it is a yearning or craving; to still others it is the life force, the vital

principle, etc. Freud, however, is very careful tentatively to distinguish between the sexual impulses and the ego impulses; so that Dr. Woodworth is wholly unjustified (p. 20) in imputing to Freud the doctrine that all human motives are transformations of the libido. Whether the libido, as defined by Freud, is a different impulse from the other impulses activating man or whether they are all only varieties of one impulse is still an open question. From a scientific standpoint there is no more objection to naming one phase of this energy "libido" than there is for naming others "light," "heat," "electricity," "magnetism." That the psychoanalyst finds the "libido" the essential motive power for the psychoneuroses as well as for dreams and other products of man's fantasy (myths, religions, etc.)—the special field of his investigations—is no more deserving of reproach than the biologist's discovery that man is descended from the brutes. The psychoanalyst does not deny that other motive forces play important roles in human activities, but these lie outside of his special field of investigation; that is why they figure so little in his writings and why the "libido" holds the centre of the stage. It is as absurd to condemn the Freudian for doing this as it would be to condemn the discoverer of any new principle, *e. g.*, natural selection, for applying it to kindred phenomena in other spheres.

With an amazing disregard for historical accuracy, Dr. Woodworth says: "*By such reasoning*" [as that which he attributes to Freud] "ostensibly, the conclusions are reached that dreams have a hidden meaning very different from their manifest content," etc. In truth and in fact, this doctrine was a purely accidental discovery made by Professor Freud as a result of the patients' analyses of their dreams. In response to Dr. Woodworth's repeated assertion that "there is actually no evidence that dreams in general have a latent content, or are the fulfilment of deep-seated and ordinarily repressed wishes," although "some dreams may be fairly interpreted in this way," we shall briefly summarise the evidence on this subject at our command.

1. Many of the dreams of children are manifestly wish-fulfilments. This is also true of many dreams of adults. A child that was sent hungry to bed was heard to murmur in its sleep the names of its favorite dishes. A male patient of mine who lost a very lucrative position seven years ago dreamt recently, the night before he quit a very poor "job," that he was back with his old firm and everybody was very glad to see him. Another patient of mine who was robbed by his partners of a contract proving his co-partnership, dreamt that he found the contract and was reading it with a great deal of pleasure.

2. There are a great many dreams in which the wish-fulfillment is not so obvious but can be easily discovered if one knows all the circumstances preceding the dream. *E. g.*, an unhappily married woman dreams that she is again doing book-keeping for the firm for which she worked before her marriage. (Latent wish to be single again and back with the firm that held her in high esteem.) A widow who is barred from re-marriage because she is burdened with a child, dreams that the child dies of diphtheria. A very tired school teacher dreams one morning that he is in his class-room giving a lesson. (Being in school already he need not awake). Such "anticipating dreams" and "consolation dreams" are very common.

3. Dreams in which a person satisfies some bodily need or which imply that he is free from some malady (from which he is really suffering) are obvious wish-fulfillments and promoters of sleep. Thus, a thirsty man dreams that he is at a banquet where champagne is dispensed in abundance; a professional acrobat, troubled with a boil on his neck, dreams that he is performing as usual, etc.

4. Many sexual dreams are so thinly disguised that there can be no doubt as to their meaning, *e. g.*, the dream of the man running up the street. (See above).

5. If so many dreams easily permit themselves to be interpreted as wish-fulfillments, why may we not assume that wishes are the motive power of all dreams? And if in so many dreams the wish, especially a sexual wish, is represented in a symbolic way, why may we not assume that other dreams too may be the symbolic utterances of the

unconscious? At any rate, it is perfectly permissible to put these dreams to the test, and if after such an examination these dreams reveal allusions or references to significant matters or desires in the dreamer's soul and permit an intelligible or meaningful synthesis, there can be no objection to regarding the dreams as the symbolic fulfillment of these desires.

6. If the psychoanalysts' investigations prove, or create the probability, that all other psychic phenomena hitherto regarded as obscure, meaningless, and causeless, *e. g.*, neurotic symptoms, certain lapses, reveries, hypnogogic and hypnopompic hallucinations, spontaneous (not consciously evoked) thoughts, certain forgettings, etc., are definitely determined, *i. e.*, are the results of ascertainable unconscious motives, why may he not tentatively assume that dreams too are so determined and may be interpreted by the method he applies to these other phenomena?

7. The free association method, carefully carried out, has proved in thousands of instances that almost all dreams of adults have a latent content and are the disguised and imaginary fulfillment of repressed wishes.

8. The fact, which has been experimentally proved, that hypnotized subjects, ordered to dream of certain matters, do so in a disguised and symbolic manner, also proves that dreams may have a latent content which can be interpreted if one has the key to the dreamer's soul.

Dr. Woodworth also touches upon the subjects of sublimation and the psychoanalysts' knowledge of children, but inasmuch as he dismisses these with a mere magisterial pronunciamento, and as the volume of our comments has already exceeded our intentions, we shall say nothing of these matters now. As to the Professor's pasquinade in which he analyses psychoanalysis as a sort of *reductio ad absurdum*, we shall only say, without any disrespect or irritation, that it is probably no more than a bit of psychologic facetiousness, and that as criticism of psychoanalysis it is not of more significance than Tolstoy's burlesque of Shakespere's "King Lear."

OBSESSIVE HALLUCINATIONS AND PSYCHANALYSIS

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IN normal life as well as in pathological states images may arise in the sphere of the sensorium which at first thought have no relationship to objective reality. A false image accepted by an individual in whose brain it developed does not always mean an abnormal pathological phenomenon. Such images are perfectly compatible with integrity of intellectual faculties. The correctness of this contention can be seen in the phenomena of dreams which are after all nothing else but hallucinations. It is true that they are passive and deprived of relative emotional elements, nevertheless the individual is the witness and spectator of the dreaming drama which is displayed before him and which remains purely sensorial.

In waking state it happens that especially when we are in solitude, we abandon ourselves to phantasies of our imaginative faculties and we see before us all sorts of images of our past life in which we even may take part automatically until a sudden noise interrupts us in our contemplation. One must therefore admit that hallucinating may be a normal physiological phenomenon. In both instances, viz. in dreaming and waking states during the hallucinating phase there is only an automatic cerebration and the moment the consciousness is awakened, immediately the purely subjective images are suppressed.

The conception of two kinds of psychic activities is now admitted by every observer. In one variety they are under cerebral control, otherwise speaking our faculties, such as judgment, reasoning and reflexion are all the result of active and voluntary cerebration. The other category of our psychic activities consists of an involuntary and passive cerebration which is being displayed when the former is suppressed. Here ideas, impressions, thoughts, wishes, sensa-

tions and experiences in general which occurred in the past, although apparently forgotten, are reproduced, such as we have seen in the above mentioned examples of dreaming states. As the latter are but hallucinatory manifestations we must infer that hallucinations are the result of the activities of the subconscious world. Esquirol long ago said that sensations in hallucinations are but ideas reproduced by memory (Des Maladies Mentales 1838). Baillarger also sees in the hallucinatory phenomena old stored up energies which in some way gained a spontaneous outlet. All our past experiences in the intellectual and sensory spheres which almost never disappear totally and which could conveniently be called "complexes" may, as especially emphasized in Freud's analytic studies, reach the conscious ego and assert themselves as fanciful picture formations, viz. hallucinations.

In normal conditions we may speak of hallucinations only with respect to dreams in the sleeping and waking states when normal consciousness is temporarily suppressed. But in certain pathological states the hallucinations exist alongside of conscious cerebral control. The individual realizes their existence at the time of their development, he memorizes them and is able to present a detailed account of them. Here the hallucinatory images are also a reproduction of more or less remote events which have actually occurred in the lives of the individuals. While in some cases the reproductions are exact, in others they are somewhat modified from the original, in still others we observe complete substitutions which apparently have no resemblance to the former events, but a close analysis will invariably reveal the past experiences in toto: their appearance alone had changed but not the quintessence. The fundamental characteristic of these hallucinations is not only a perfect lucidity of mind but also and especially the co-existence of the conscious and controlling ego during the period of hallucinating. The individual witnesses, so to speak, the display of hallucinatory phenomena before his sensorium in the auditory, visual or other spheres. He realizes fully their unreality, the absence of a material basis for those images, he does not attribute to them any serious meaning, he is

even capable to criticize them and to find a plausible explanation for them. In a certain group of cases the individual bends every effort to overcome and discard them and indeed sometimes succeeds in his efforts, but he nevertheless sees and hears them passing invariably before him. In some cases they are so tenacious that the individual ceases to struggle against them, accepts them as inevitable phenomena, becomes used to them, but at no time does he develop the idea of their reality or enters into the domain of interpretations such as we observe in Delusional states.

When the hallucinations reach such a state of tenacity that they persist in spite of the patient's efforts to remove them, they play the same rôle as obsessive ideas. As is well known, when a morbid obsession occurs, the cerebral centres are invaded by a certain idea which remains fixed and suppresses subsequently all antagonistic ideas. This is accomplished not without a struggle, but the tenacious idea is accompanied by a moral pain so intense that it subordinates the will, and the individual, perfectly conscious of what is going on, but powerless, finds himself irresistibly forced towards acts of which he himself disapproves. Instead of persistent and tenacious ideas the patient may witness persistent and tenacious hallucinatory phenomena. The latter may crowd his sensorium as obstinately as ideas themselves and consequently they become obsessive. In other cases hallucinatory phenomena may be added to the group of obsessive ideas and then they play the same rôle as any of the other elements of the obsessions. We then speak of hallucinatory obsessions.

The obsessive hallucinations of the first group may remain as such until their complete disappearance, but in a certain group of cases they may be the point of departure of eventual delusive ideas. The modus operandi in such cases is as follows. For a time these patients realize the absurdity of the condition, because their reasoning power is preserved in spite of the fact that they are conscious of the want of harmony between the will and the inability to remedy the condition. Gradually the patient commences to analyze the obsessive hallucinations and from this time dates his delusional turn of mind. He then loses all power

of critical judgment, becomes passive, ceases to struggle against the overwhelming obsessions. His consciousness which helped him before to struggle, becomes absorbed and he accepts the condition, finds complete justification for it and ascribes it to some tangible cause. A genuine delusion is then formed.

Transition of obsessions to delusions is not a very frequent phenomenon. This possibility was first pointed out by Schüle and especially by Séglas in 1887 (Annales Médico-Psychologiques). In 1904 (Medical News) and in 1914 (American Journal of Insanity) I reported several examples of this occurrence. In some of them one finds that the source of origin of the delusive ideas lies in the hallucinatory manifestations. In obsessions in general, whether of ideational or hallucinatory type, consciousness is always disturbed, but only in a primitive stage or in a rudimentary proportion. But when a complete dissociation of consciousness or a split-up occurs, the latter has no more control over the psychic processes and delusive interpretations easily develop.

Turning our attention to the consideration of obsessive hallucinations we find that they are but an exteriorization of the predominant subconscious thoughts of the obsessed individual. It seems, like in the example about to be related, as if the past experiences which actually occurred and remained dormant so to speak, become displaced or aroused through some unexpected or sudden emotional disturbance and thus give an impetus to self-reproduction. It is interesting to observe, and this is, I believe, the view shared by the majority of writers, that the awakening or reproduction of old forgotten impressions in the identical or modified forms as obsessive phenomena, is met with in individuals with a pathological emotivity, viz., affectivity. Under the latter term we understand feeling, mood and emotion of all degrees. That thought, impressions and action are the resultant of affectivity is evident in normal life as well as in disturbed states. When the affectivity is of an abnormal make-up, all its elements are proportionately abnormal. Hence the formation of ideas and impressions are correspondingly not in keeping with normal states. Moreover,

the reaction of such an affectivity by disturbing factors, the rapidity and the facility with which complexes are awakened and brought to the surface, finally the formation of obsessions from the latter—are all possible and indeed are all manifest solely in specially constituted individuals. They are observed in adults as well as in children, but more rarely in the latter, and the younger the child the less frequent the occurrence. The reason of it probably lies in the limited number of complexes in children. The case recorded below is a striking example of the occurrence of obsessions in the form of visual hallucinations in a boy of five who happened to witness a year previously a runaway accident followed by overturning of the wagon and death of the driver.

The boy S. F., aged five, is pale, underfed, very timid, subject to outbursts of violent anger, suffering from enuresis. His intelligence is normal. Two brothers had chorea. The mother is very nervous and irritated on the least provocation. The father never could make a proper living for his small family, lost position after position because of failure in adjusting himself to circumstances. He smokes considerably, indulges frequently in alcoholic drinks. In his youth he was committed to a Sanitarium for six months for some mental condition the nature of which I was unable to ascertain. The patient forgot completely the incident of the runaway horse. For a whole year it was never mentioned either by him or by any one in the family. One afternoon he was frightened by another boy who suddenly jumped out from behind the door. For two days he appeared somewhat nervous. On the third day he called his mother's attention to his inability of falling asleep, as he saw before him a great many horses of all colors and of different sizes; they either stood still or galloped. He also saw at times several boys on his bed or else little girls running. The presence of boys and girls was only occasional, but the horses were always present. These hallucinatory images appeared as soon as he would lie down. They would also occur even during the day but only when he would lie down to rest. The night apparition of the horses was the most constant and persistent. Although he was not afraid of the visual manifestations, nevertheless he was greatly disturbed by them, he

could not fall asleep for 2 or 3 hours. He constantly called out to his mother and she was compelled to sit at his bed. When questioned about them, the child acknowledged their unreality in his own language, saying "so many horses could not find place in his room," nevertheless he sees them every time he lies down and even when a light burns and he is able to appreciate the objects about him. He was admonished by his parents to ignore them and to avoid looking at the horses, but the more, he said, he tried to do, the more horses he would see. He gave a most vivid description of the appearance, color, and vivacity of some of the horses. Two of them particularly were very disturbing, as they always tried to escape. He described their manner of standing and their assortment was always the same. They always occupied the same position in the room.

Being greatly disturbed the child did not sleep well, ate little and lost in weight. Psychoanalysis was undertaken. In view of the child's age it was extremely difficult to unearth facts and events that could bear any relationship to the disturbing visual phenomena. After prolonged efforts the above mentioned incident was finally revealed through the mother. So thoroughly forgotten it was by the mother and child that not once during the entire year was it recalled by any of them. The child's attention was then repeatedly called to that occurrence and it was explained to him the possible relationship between his present hallucinations and that particular incident. As horses figured in both cases, he was told in his childish way that the picture of the runaway horse of a year ago came to him now and impressed itself firmly on his mind. It is self-understood that any detailed explanation of the rôle of forgotten complexes on his conscious ego was not undertaken. The therapeutic effort was only tentative as little hope was expected in view of the age of the child. Nevertheless it was decided to persist in the above explanation at each of his visits during a period of two months. Having become accustomed to this sort of explanation, the little patient undertook himself to offer it to his mother every evening as soon as the horse-picture would appear. He gradually commenced to point out the striking resemblance of the runaway horse to many,

if not all the horses that he sees in his room. The explanations became so satisfactory to him that he asked his mother not to sit any more at his bed as he wished "to fight them off single-handed." After some attempts on his part he finally succeeded in overcoming the obsession. He solemnly announced to me his victory and as he expressed himself, "since he knows now that the horses are the same thing as the runaway horse, he does not care for them;" also "should they return he is sure he will not bother about them and will not ask for his mother's help any more, as he can get rid of them himself."

The case is interesting from the standpoint of the intimate mechanism concerning the formation of an obsession in the form of a visual hallucination. It appears that the pathogenesis of the obsession could be traced almost with a mathematical precision to the subconscious complexes. This purely psychological conception of the hallucinations seems to give the only solution of the problem. It may be of some interest to mention some other views concerning the phenomenon.

As it is well known some authors believe that hallucinatory perceptions are due to a peripheral irritation of the sensory organs, and accordingly they introduced a so-called psycho-sensory doctrine of hallucinations. Baillarger and Tamburini (Revue Scientifique 1887) consider a hallucination as due to an irritation of the psycho-sensory centers in the cortex. The last author believes that the phenomenon consists of a spontaneous setting free of energies stored up in the psycho-sensory centers. Tanzi (Riv. di Pathol. Nerv. e Ment. vol. 6) accepting the psycho-sensory doctrine attempts to be more concise in his conceptions by believing that hallucinations originate in the association centers of Flechsig. To him the image starts in those centres, ascends to the psychic area and descends to the same sensory centres; thus a new form of sensation occurs which is mistaken for reality; hence a hallucination. Tanzi bases his claim for a descending centrifugal course of a sensation which is contrary to the classical conception of the function of sensory pathways upon the actual existence of descending fibres in the sensory centers. According to this psychosensory

theory the hallucination apparently originates along the sensory pathway which as well may be at the periphery. If now we attempt to apply the psycho-sensory doctrine to the explanation of hallucinatory phenomena we meet with failure. A careful reading of records on hallucinosis will demonstrate the utter inability to find a pathogenetic explanation of the great variety of hallucinatory manifestation by the sensory or psycho-sensory view just mentioned. Exception should be made however in the cases with an organic involvement of the cerebral tissue. In all other cases like the one presented above, hallucinations are to be considered as purely psychic phenomena based upon the existence of "complexes" of the subconscious ego.

REVIEWS

A MECHANISTIC VIEW OF WAR AND PEACE. *By George W. Crile.* The Macmillan Company. 1915. $1.25. Pp. 104.

"War and peace can be comprehended only when they are considered as end effects of action patterns established by phylogeny and ontogeny,"—in these words the author announces his central theme. The struggle for food is basic in each individual, genuinely derived and perpetuated through evolution, and is well-nigh an ineradicable prime motive, whose elimination might even be of doubtful value. It is even more basic than the desire to live or the fear of death, as is evidenced by the fact that blood is freely shed in such unimportant matters as sports or boundary-line feuds. If stifled by the thin veil of polite conventions, or by the forced inactivity of the non-combatants in war, this action pattern of fight generates emotions of a dangerously abnormal character. War is also kept in the web of all our lives by the present educational tendency to exploit chiefly heroes of blood. Nevertheless, two suggestions are made whereby it can be eliminated. The first is that by establishing action patterns of peace inthe plastic period of youth, the phylogenetic inheritance of the organism may be in time reversed, though how at the same time the ubiquitous stimulations to strife may be precipitated out from the environment Dr. Crile does not suggest. The other road to peace rests on the familiar appeal to the principle of the alternation of opposites. A victorious Germany "would lack the fundamental motive which created Kultur,—her hostile neighbors," and would be as motiveless as "a cancer that has killed the body on which it fed." Furthermore, since "Force creates action patterns in opposition to, not in consonance with, that force," the Belgiumization of a people is a hopeless task. War itself is thus no solution to the problems involved.

Of special importance to psychologists is the author's study of the phenomenon of pain. At least every behaviorist will be interested to read that "pain is inevitably associated with muscular action; therefore if a bullet or bayonet wound is inflicted at the moment when the injury cannot obtain possession of the final common path, it can excite no muscular action, and consequently no pain." It was especially observed that when men were exclusively dominated by the action patterns of fight, or were so completely exhausted that they slept even while on the march, or lay down and bled to death from their wounds, no adaptive response to pain could take place, since no energies were left to function it. The importance of this observation on the essentially motor aspect of the pain reflex is accentuated by the fact that Dr. Crile came to these conclusions while he was a surgeon in a war hospital in France. It is thus not merely psychology "from the desk."

The book is profusely illustrated, not only with histological material bearing directly on the phenomena of exhaustion and emotion exhibited by the author's patients, but also with photographs which deal with war in general. Dr. Crile evidently means the latter illustrations to function unequivocally in the education toward peace, for they surely could not be used to stimulate recruiting.

ROBERT CHENAULT GIVLER.

Harvard University.

THE CIRCULATION AND SLEEP: EXPERIMENTAL INVESTIGATIONS ACCOMPANIED BY AN ATLAS. *By John F. Shepard, University of Michigan*, New York. The Macmillan Company, 1914. 28x21 c m.; pp ix, 83; in the Atlas of soot-curves, 63 plates.

This is volume one of the Scientific Series of the University of Michigan Studies in the Graduate Department. Professor Shepard begins his Preface by stating "This volume is primarily a report of experimental investigations. Altogether it was necessary to study several hundred records, the total length of which amounted to about thirty-five hundred feet. Each record contained from two to six tracings besides indicator lines. Those reproduced were, of course, selected to show typical conditions." Two subjects were used in the principal work, both of whom had been trephined, one in the right Rolandic region and the other in the right frontal area. Other subjects were used in several minor experiments.

The investigation "includes a study of the volume of the brain and of the periphery (hand or foot); of the breathing; of the blood-pressure; of the heart-rate and the time of transmission of the pulse wave over the body; of the jugular pulse; and of the pulse form and size." The apparatus does not need detailed description; it was undoubtedly ingenious, and adequate.

Provided the cerebral vasomotion of the two chief subjects proves to be normal, undisturbed and in no wise disarranged by their respective cranial and cerebral accidents and operations, it is not easy to see why this new notion of the brain's sleep-circulation should not be accepted, although, in certain not-very-important respects, revolutionary of traditional interpretations. One thinks it incumbent on the researcher in this case, as a matter of general form at least, to prove the normality of the extremely intricate hydraulic vasomotor system of these two men's brains. Some years of intensive study of the arterial tension in the arm and foot, in close relation to physical behavior and especially to mental processes, makes the present reviewer offer great gratitude for this research, and renders it easy for him to accept, with the proviso above, practically all of its conclusions, for it corroborates, and mayhap explains some of the many difficulties and incon-

sistencies in the palpatory and the auscultatory present methods of measuring human blood-pressures, as nothing else so far has done.

Professor Shepard finds in sleep a sustained and marked increased in the volume of the brain, accompanying a fall of general arterial pressure; and the reverse changes with awakening. These changes seem not to be due to venous congestion. Disturbances during sleep result in a rise of pressure with a fall of brain-volume and decreased size of pulse from the brain; due probably to vaso-constriction; action during waking-time on the other hand increases the brain's volume, an effect due to general somatic [especially peripheral], vasoconstriction. The brain-vessels relax when the person is going to sleep; and constrict, often suddenly, when he awakens. The brain-volume is increased by breath-holding, and decreased by deep breathing. The respiratory wave in the brain's volume is greater during sleep and greater still in the "disturbed respiration" of snoring. Such are some of the more important findings.

The observer's "theory" of sleep is the rational, not to say obvious, theory that includes each and all of the many actual factors, rather than pretending to be simple and dogmatic where simplicity is unimaginable and dogmatism almost asinine.

And one admires the naivete which concludes that the brain has vasomotion, when for fifteen or ten years at least the cerebral vasomotion's intricate structure and precise modus operandi have been interesting matter for discussion, (see, for example, the present reviewer's "*Physiology*," pages 62 and 63.)

The more observations on arterial tension there are made, the more obvious does it become that therethrough sooner or later is possible by far the most delicate method of analysis of mental happenings so far devised or revealed. To the fundamental data for such a new mode of study, Doctor Shepard's extensive research whose outline is, mostly here, reported, seems an important contribution. By such physiologic (vasomotor) paths as this, (but some sinuous and narrow and dim, while some like sin run broad and straight-away), and perhaps before we realize it, we shall begin really to *know ourselves*, as the revered old seer and martyr to the truth, in Athens so long ago, advised.

Sargent Normal School. GEORGE V. N. DEARBORN.

THE CONTROL OF HUNGER IN HEALTH AND DISEASE. *Anton Julius Carlson.* Chicago: University of Chicago Press, 1916, pp. 319.

This book together with that of Cannon marks the most important epoch in the study of the hunger mechanism. The gastric hunger contractions of man and animals have been studied in the Hull Laboratory of the University of Chicago by the author and his associates during a period of four years and the results of their investigations form the greater part of the book. The

action of the stomach under almost every possible stimulation both physical and so called psychic has been examined. Carlson was fortunate in having a subject with a gastric fistula, which permitted direct observation and stimulation of the hunger contractions. He and his associates also acted as subjects in numerous experiments, in which a stomach balloon was used to obtain tracings of the gastric movements.

The book is probably the most complete study of this subject and a description of the numerous details would be out of place in this review. Not only have the hunger movements been most thoroughly investigated, but also the accessory phenomena such as heart beat and vasomotor changes.

Particularly interesting to psychologists are the actions of the various glands which are involved in hunger and appetite, the effect of various mental states, the influence of sight and taste of food, the description of the nervous tracts and the functioning of the nervous arcs connected with hunger and appetite, the various muscular rhythms, the effect of heat, cold, mechanical and chemical stimulations, the action of the gastric mechanism during prolonged fasting and during and after bodily exercise and fatigue, the analysis of the hunger sensations and the feeling of emptiness, the relation of the introspective data to the physiological processes, the biological significance of the mechanism especially in relation to the instincts, and the important distinction between hunger and appetite.

The specialist in abnormal psychology will find sections upon the effect of alcohol and tobacco, an explanation of abnormally intense hunger sensations (bulimia) and depraved appetite (parorexia) etc., and upon the various gastric conditions in neurasthenia and allied diseases.

The book contains valuable historical chapters and a very good bibliography.

The author is conservative in his conclusions and modest in his positive statements. The arguments for and against his theories are carefully weighed and great care is taken to avoid errors of experimentation, much time having been given to check and control experiments. The author's style is clear and as technical terms are so far as possible avoided, the book can be recommended to the layman as well as to the specialis.

HERBERT SIDNEY LANGFELD.

WAR BULLETIN: AN APPEAL TO THE MEDICAL PROFESSION

Lieutenant Col. R. E. Noble, M. C., U. S. A., chief of the Personnel Desk of the Surgeon General's Office, presented before the last meeting of the Southern Medical Association, a most admirable paper, which convincingly answers the many questions asked of the Department, and which have caused perplexing hours of thought with many doctors.

In a previous paper by the same writer, presented prior to the time that the United States entered the world struggle, as in the above referred to communication, Col. Noble said: "On the medical profession rests a heavy responsibility, for with the medical profession rests the subject of medical preparedness."

The largely increased army now in course of mobilization naturally will require a greater number of Officers in the Medical Reserve Corps.

At the present time, according to a statement made by Lieut. Col. Noble, we have only 14,500 doctors in the Medical Reserve Corps, not a sufficient number to care for those already in the service, not mentioning the men to come into combatant forces as the result of a second draft.

With the new draft soon to be called and the possibility of the raising of an army of between five and ten million, as has been authoritatively foreshadowed, we would repeat "On the medical profession rests a heavy responsibility, for with the medical profession rests the subject of medical preparedness."

The responsibility of the medical profession of the United States and its importance in the successful outcome of the war cannot be too forcibly impressed upon every doctor who is mentally and physically fit and within the age limit, and they are urged to offer their services now.

That the Surgeon General should have an immense Corps of Medical Reserve Officers upon which to draw, enabling him to place the individual where he will be best fitted for the service, is manifestly apparent. This will mean efficiency and by efficiency alone can the responsibility now resting upon the medical profession of this county be lessened.

Will you not apply at once for a commission in the Medical Reserve Corps and thus relieve the responsibility which you owe to your country, your profession and yourself?

BOOKS RECEIVED

THE PRINCIPLES OF MENTAL HYGIENE. *By William A. White.* The Macmillan Company. Pp. XIV and 323. $2.00 net.

STATE OF NEW YORK STATE BOARD OF CHARITIES, EUGENICS AND SOCIAL WELFARE BULLETINS:

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No. X FIELD WORK MANUAL. Pp. 187.

No. XI MENTAL EXAMINATIONS. Pp. 73.

No. XII FAMILY HISTORIES. Pp. 55.

THE PSYCHOLOGY OF BEHAVIOUR. *By Elizabeth Severn.* Dodd, Mead & Co. Pp. IX and 349. $1.50 net.

PROBLEMS OF MYSTICISM AND ITS SYMBOLISM. *By Dr. Herbert Silberer.* Translated by S. E. Jelliffe. Moffat, Yard & Co. Pp. V and 443. $3.00 net.

DISEASES OF THE NERVOUS SYSTEM. *By Smith Ely Jelliffe and William A. White.* 2nd Edition. Lea and Flebiger. Pp. XIX and 938. $7.00

THE EXCEPTIONAL CHILD. *By Maximillian P. Grozeman.* Charles Scribners Sons. Pp. XXIX and 764. $2.50 net.

HANDICAPS OF CHILDHOOD. *By H. Addington Bruce.* Dodd, Mead & Co. VIII and 310. $1.50.

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